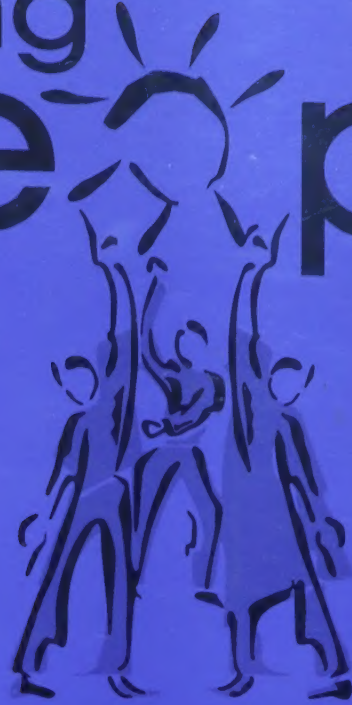


Young People



Towards A Healthy Future



YOUTH AND EDUCATION

YOUTH AND VIOLENCE

**YOUTH
AND THE
MEDIA**

LEGAL RIGHTS

**SEXUAL AND
REPRODUCTIVE
HEALTH**

State-level Consultations

हम हैं युवा, ये है हमारा जहां

अमर उजाला ब्यूरो

नई दिल्ली। 'युवा' आकार, मजबूत हवा, बेहोशी भरी, सुखद भव और एक विशाल जगह है। युवा।

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में रहने के लिए हमें अपने कर्मों को और मुझ पर है और बहुत बारीक नज़र से देखना पड़ेगा। ऐसे युवाओं की संख्या बहुत ही कम है। नज़र बड़ो है कि यही हमें मिले।

युवाओं ने लिया राष्ट्र विकास का संकल्प

नई दिल्ली। सरकार द्वारा युवाओं के लिए चलाए जा रहे कार्यक्रमों में क्या कमियां हैं? गांव से प्रभावित करने युवाओं को किस प्रकार गांव के विकास में भागीदार बनाया जाए। इन प्रश्नों के सुझाव और सुझावों की तलाश युवा भी काम करते। अंतरराष्ट्रीय युवा दिवस की पूर्व संध्या पर बुधवार को इंडिया इंटरनेशनल सेंटर में 12 राज्यों के 100 से अधिक युवा प्रतिनिधियों ने विकास को बड़ा करने का संकल्प लिया। इस मौके पर युवाओं ने किशोरों तथा युवाओं के सपने और विकास के

का कहना है कि 20 फ़ीसदी युवाओं के गांव बिना रहकर अपने-अपने-राष्ट्रीय स्तर पर मिलते हैं।

यानि 1.2 अरब 19 वर्ष के हैं। ये भी अब तक को

The Indian EXPRESS

Papa kehte hain bada naam karega

International Youth Day was Wednesday, but at a time when India is at its youngest ever, to be young in the country can be hell

SUNIL MEHRA

"INDIA has 62 per cent of its population below 16 years of age, nearly one of every third is a child."



is far the primary at the helm to get to understand the links of adolescent youth health for largest

The Indian EXPRESS

'Youth need grooming for leading society'

EXPRESS NEWS SERVICE
NEW DELHI, AUGUST 11

TWENTY-year-old Saroj Rawar

parts of the country are together putting forward their recommendations for their development. The theme for this year's celebration is 'Youth in an inter-generational Society'.

"In the next two decades, about half of India's population will be youth. It is a necessity that the young are groomed towards becoming leaders and change agents. It is important that the youth is able to realise its responsibility towards senior citizens," said Dr Suzie P. Franco, co-ordinator Population of India (PFI).

नवभारत टाइम्स

रोटी और शिक्षा गांव में ही मिले तो शहर नहीं जाना चाहते युवा

ललित मोहन वंसल

नई दिल्ली। उनके जिक्र और बेहतर जीवन के लिए गांवों से शहरों की ओर कूट कराने वाले लाखों युवाओं की समस्याओं को पहचान करने और इन समस्याओं को दूर करने के लिए यहां देश भर से आए युवाओं ने उन बात पर जोर दिया कि गांवों में बेकरोशल ट्रेनिंग के समर्थन अथवा कुछ और कार्य तो गांवों से शहरों की ओर प्रत्याग्रह बंद हो सकता है। इन युवाओं ने कहा कि एक बेहोशी युवाओं को बड़ी राह का सपना होता है, जिस राह को गांवों का पढ़ा लिखा युवा अमेरिका और होनोलुलु जाने का सपना होता है।

जिस में 13 अंतरराष्ट्रीय संगठनों के सहयोग से गांवों में बेकरोशल ट्रेनिंग का काम होना चाहिए। युवा समिति में गांवों से आए युवाओं के बुद्धिमान को गांवों के युवाओं को गांवों में ही रहने का सपना होता है। इन युवाओं को गांवों में ही रहने का सपना होता है।

क्लास के घरों के युवा-युवतियों के खानपान, रहन सहन और मौज मस्ती को देख कर उनके मन में भी कूट कर गुजरने की गुदगुदी होती है।

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की चाखीवारी

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जि गांव से आने

बकुरत शिक्षा नहीं

पह और इस नती

बेकरोशल ट्रेनिंग

कमाले लायक बन

की कूट कराने के

THE ASIAN AGE

9% of girls get married by 13, says report

By Biju S

New Delhi, Aug. 11. Many as 8.9% young girls will get married

national Youth Day was youth in an intergenerational Society.

So, an alarm over unsafe sexual behaviour of the youth in an AIDS-prone environment. The

9014



Young People



Towards A Healthy Future

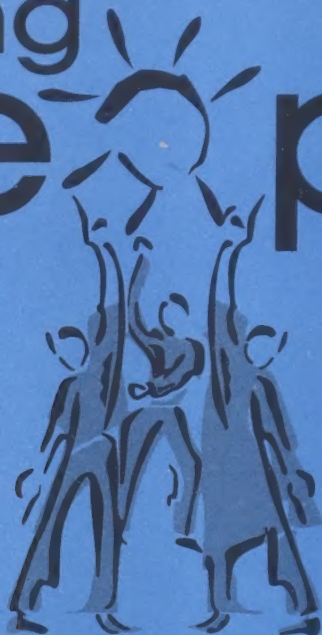
State-level Consultations



Facilitator
Gratie from HFI
to
31/8/05



Young People



Towards A Healthy Future

Acknowledgements

The India Alliance of Young People: Towards a Healthy Future would like to gratefully acknowledge the efforts made by CASP, CASP-PLAN, HIHT, Mahila Samakhya, Bal Panchayat, CHETNA, RUHSA-PLAN, Packard Foundation, CINI, NFI, ADITI-PLAN, Pathfinder International, PLAN-India, URMUL, Dr Reddy's Foundation, MYRADA, SAMUHA, CYSD, VHAP, IMPULSE NETWORK, PREM, PFI and NSUI, in organizing the State-level Consultations. Special thanks to Ms A. Banerji, Coordinator, Youth Alliance Secretariat and Mr Rajneesh Saran, Assistant Coordinator, Youth Alliance Secretariat for conceptualizing and compiling this publication under the able guidance of Mr A.R. Nanda, Executive Director, Population Foundation of India and Dr Almas Ali, Senior Advisor, Population Foundation of India.

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Young People



Towards A Healthy Future



Overview

Young people between the ages of ten and twenty-four years constitute almost one-third of the total population of India. Although this is the era of information technology, adolescents and the youth in different parts of the country are living diverse realities, and the gap between those who have access to information and resources, and those who do not is widening every day. In India the youth lack information. Along with the physical threat to their health and lives, adolescents and the youth also face challenges from inadequate access to health care information and services to employment opportunities. For the first time, the Tenth Five-Year Plan of India has recognized adolescence as a priority and the Planning Commission has established a working group to formulate a policy that addresses issues relating to them.

The need of the hour is to listen to the voices of adolescents and the youth in diverse situations so that we address diverse realities; compile, document and share experiences from all over the country; inform policy development and implementation through experience gained at the grassroots level and advocate that this group is a growing population with distinct needs that can be met and addressed effectively.

Though many innovative strategies in health care have been implemented by several organizations across the country, these experiences have not been shared or disseminated on a large scale. This has led to duplication of efforts by development agencies and has limited the opportunities for scaling up effective and appropriate practices. For the same reasons, these experiences have been unable to influence policy and decision-making; despite government and funding agencies recognizing and welcoming the inputs generated at the grassroots level.

To bridge this gap, a group of organizations, including Bal Panchayats; Centre for Health, Education, Training and Nutrition Awareness (CHETNA); Centre for Development and Population Activity (CEDPA); Child in Need Institute (CINI); Community Aid and Sponsorship Programme (CASP); Global Health Council (GHC); MAMTA Health Institute for Mother and Child (MAMTA); National Foundation of India (NFI); Pathfinder International; Plan India and Population Foundation of India (PFI), in collaboration with the Ministry of Youth Affairs

and Sports, and Ministry of Health and Family Welfare, have come together to form an alliance 'Young people: Towards a Healthy Future'. The Alliance is working to create an enabling environment in which young people can address their health and development issues, especially reproductive and sexual health issues, through effective programmes and policies.

The Alliance seeks to develop a strong and vibrant network of youth, locally and internationally, to bring together their diverse viewpoints related to issues of health, particularly reproductive and sexual health, and rights and development, and thereby develop an evidence-based advocacy strategy to mobilize policy-makers and advocate for young people's health and development.

The aim of the Alliance is to improve policies, laws and programmes at national and state levels in order to replicate proven strategies. Using advocacy efforts, it works towards sharing of effective and appropriate programmes for young people, enabling public opinion changes, strengthening advocacy skills, creating strong advocates and building an alliance for sustained changes in policies, attitudes and practices pertaining to young people among policy-makers, government officials, non-governmental organizations (NGOs), service providers and other private sectors.

State-level consultations were planned with the objectives of creating a space for open discussion on health and development issues of young people, outlining policies and recommendations to address the needs of young people, creating pressure groups of young people and building capacity for advocacy.

A series of consultations across twenty States brought together several stakeholders and networks working for and with young people. The Alliance identified a lead NGO to take responsibility for mapping the NGOs in each State, listing resources that can be used judiciously and effectively, developing advocacy material for the State and making logistic arrangements for State consultations.

This document attempts to put together the summary of recommendations at various State-level Consultations, describe the problems of the youth, their points of view and their voices as heard at the Consultations throughout the length and breadth of the country.

Maharashtra and Goa

CASP AND CASP-PLAN

This four-day Conference was held in Sai Seva Dham, the office of CASP-Plan at Kanhe Phata, Taluka Maval, District Pune. The function began with short skits presented by the Young Talent Association on various youth-related issues such as unemployment and poverty. The chief guests were young, rising 'stars' of Marathi theatre and three rank-holders of the HSC Board examination, 2003.

Yogesh Soman, an upcoming director of Marathi theatre, spoke of the need for the youth to learn to raise issues of relevance and importance to them. Sixteen-year-old Prachiti Suru, another rising star of Marathi theatre, kept the audience mesmerized with her solo act of Muktai, the sister of the great saint Dyaneshwar. The three rank-holders of the HSC Board Examination of 2003—Shweta Jamihal, Jui Chitale and Deepak Zambre—spoke on hard work being an important step towards success.

The President of the Deepastambha Foundation (the Alumni Association of the past sponsored students of CASP and CASP-Plan), Shri Narendra Temghare, spoke on the occasion. The programme was compered by Ms Manisha Khopkar of the Foundation.

Day 2 began with an open discussion after the three invited guests—renowned psychiatrist Dr Ulhas Luktuke, Col Ramesh Pathak, and eminent social scientist, Dr S.D. Gokhale—had expressed their views. The topics discussed were 'Emotional and Mental Health', 'Youth: Violence and security', 'Rights and responsibilities of the Youth.'

EMOTIONAL AND MENTAL HEALTH

Dr Luktuke said that 'good mental health' depends upon certain factors: (i) getting to know oneself, (ii) learning to have control over oneself, (iii) behaving in accordance with and suitable to the situation, (iv) building, developing and maintaining good relations with others, and (v) recognizing and respecting others' feelings. He said that healthy thoughts lead to a healthy mind and a healthy mind builds a healthy body.

He added that confused and negative thoughts, emotions and attitudes give rise to a muddled and confused personality. To aspire for success, one must have will power, which gives rise to hope, hope creates desire, desire fuels ambition, and an ambitious personality will be able to fulfil dreams and aspirations. Positive thinking enables one to find solutions to the problems one faces.

Recommendations

The groups made some recommendations and came up with proposals on 'Emotional and mental health'.

- The family is an important unit in the lives of the youth and has a tremendous influence on them. The family must be made aware of the various problems of the youth.
- The concept of education should be more comprehensive and include within its purview the following aspects: (i) co-education, (ii) emotional education, (iii) physical education, (iv) philosophy, and (v) academic education.



It is essential that several constructive and positive changes take place in each of these aspects of education. Some factors held responsible by the participants for the flaws in our education system were (i) family, (ii) society, (iii) peers, (iv) the media, and (v) socially and economically disadvantaged sections.

Summary points of the discussion

- Parents must be made aware of the responsibilities of parenthood.
- NGOs must play a vital role in ensuring that the welfare schemes and policies of the Government are implemented effectively and appropriately.
- Counselling centres should be set up in schools and colleges.
- A more positive perspective must be developed among the youth.
- Substance abuse and addiction of any kind must be stopped or prevented.
- *Anganwadi* projects must be implemented on priority.
- Separate committees should be established to deal with social, sexual, mental and physical issues.
- Helplines should be set up exclusively for the youth.
- Workshops should be held for the youth so that they become more aware of the social issues as well as capable enough to make informed choices and take their own decisions.
- Free dialogue must be held to solve inter-generational conflicts.
- The media could be used more effectively as a means of solving the problems of the youth.

YOUTH: VIOLENCE AND SECURITY

Col Pathak conducted a lively group discussion. He asked the participants five questions and gave information with these questions as guidelines. The questions were: What is meant by violence? What are the different kinds of violence? How is it fuelled? What can the government do to curb it? What can each person do to prevent it?

'Rights should be formed according to our needs. Rights are those facilities/amenities that we need or are entitled to enjoy according to the way of life we wish to lead.'

RIGHTS AND RESPONSIBILITIES OF THE YOUTH

Dr Gokhale, President, CASP, said that the youth do not have access to the right kind of scientific information on various topics.

The youth must not only be aware of their rights, but also recognize the fact that they have certain responsibilities towards themselves and the society. Parents are responsible for the kind of adults that their children metamorphose into. The Government's national policy covers various aspects, but not enough attention has been paid to the youth—their roles, rights, problems and responsibilities.

Suggestions made by Dr Gokhale

- Education must cover a wider and larger number of children.
- Attention must be paid to ways of stopping the youth from dropping out of school and also on strategies to increase the number of meritorious students.
- Every child must have a proper house and the right kind of place to study.
- There must be programmes to tackle and deal with the growing number of diseases such as HIV/AIDS and TB.
- Children must be protected from such diseases, and provided a healthy, balanced and nutritious diet.
- Good and healthy relations must be developed and maintained within the family.
- Employment opportunities should be increased.
- There should be focus on the problems of disadvantaged, exploited and abused children.
- Physically and mentally challenged children must be provided with opportunities for sustained development.

Rights of tribal people, the handicapped and the unemployed

- The exploitation of illiterate tribals in remote areas by government officials should be stopped.
- The handicapped should have the right to special facilities, amenities and infrastructure to get education, employment as well as to facilitate their easy movement.
- The panel on rehabilitation of the handicapped should have handicapped representatives as members.

Panel discussion on 'Rights and responsibilities of the youth'

Rights

The panel discussion began by noting that even after 55 years of Independence, many sections of society still have to fight for their basic rights as citizens of a secular, democratic, republic. Some people from rural areas, underprivileged sections of the society and tribals are not even aware of the existence of such rights. These rights include:

- Right to education
- Right to health
- Right to live
- Right to expression
- Right to employment
- Right to participate in politics
- Right to sex education and healthy reproduction
- Right to information
- Right to participate in sports
- Right to information on health

Responsibilities

- The youth must play an active role to ensure that welfare policies and projects are appropriately implemented.
- They must participate actively in rallies, discussions and seminars held on issues of social and national interest.
- They must take up the responsibility of improving the condition of the backward castes, *dalits*, the downtrodden, handicapped and other weaker sections of the society.

- They should come together to start their own business, rather than relying on the Government.
- They must create pressure groups at the Panchayat, District, State and National levels, so that the needs and demands of the youth are heard.
- They should send more representatives to NGOs, governmental organizations, as well as the Lok Sabha and Vidhan Sabhas.
- They must take up the responsibilities of adult education, cleanliness in villages and developmental projects.
- They must actively participate in the work of NGOs.
- They must promote awareness regarding the issues of democracy, secularism, brotherhood and other such social issues.
- They must ensure that there is no sectarianism in the nation on the lines of caste, creed, religion, community or sex.

GIRLS IN MORAL DANGER

Ms Vijaya Lawate, senior social worker, conducted this group discussion.

Summary points

- Girls must learn self-control when it comes to dealing with members of the opposite sex and also learn the art of self-defence.
- Women must be economically independent and must be allowed the freedom to express their opinions.
- Pressure groups of women such as cooperatives or savings groups, etc. should be formed to exert pressure on behalf of women.
- Counselling centres in schools, colleges and public places could offer their services to women in need.
- There is a need for women police personnel even at the Panchayat and district levels.
- The society's attitude towards exploited and abused women should change.
- Homes should be set up for exploited women.
- Special judicial courts need to be set up to deal with cases of exploited women.



- Special public transport facilities, such as exclusive buses and trains for women, should be started.
- Men should be oriented towards behaving more respectfully towards women.
- Parents of girls need to be given the right kind of guidance (especially in rural and backward areas) on the upbringing of girls.
- Women's organizations need to be more active and supportive of the women who need help.

EDUCATION, CAREER AND LIVELIHOOD

Shri Avinash Dharmadhikari, an ex-IAS officer and a well-known social activist, began the discussion.

One valid point that emerged from the discussion was that the youth felt that there was undue emphasis on higher education. A suggestion was made that it would be more useful for the youth, especially those from the lower income groups, to have a vocation-oriented education, which would enable them to become financially independent much sooner. Also, if they want to pursue higher education, loans should be made available to them at lower rates of interest.

The education system has become very examination-oriented. A more practically oriented system of education must come into force. A reference was made to the revolutionary systems of parallel education that were initiated by Gandhiji through his *Nayee Talim*, Shanti Niketan by Rabindranath Tagore and the Rayat Shikshan Sanstha started by Bhaurao Patil. It was suggested that school and college teachers should be given regular refresher courses so that they are in a better position to teach and train the youth.

SUBSTANCE ABUSE

Dr Sanjyot Deshpande began by saying that today's generation is very 'alive', but inter-

generational conflicts still exist. Youth is the stage of life when the mind and emotions are fragile, and sensitivities are developing. They come across certain problems or stressful situations in life, e.g. in studies, love, competition, etc. The tension in such situations is hard to bear, and they need some other support to cope with it. Peer groups exert a dominating influence in the lives of youngsters. The wrong kind of friends can lead one to addiction.

To avoid becoming addicts, the youth (i) must improve their abilities to cope with stress and tension, (ii) must not compromise their long-term happiness for a moment of ill-conceived pleasure, (iii) must learn to be balanced, accept responsibility, get to know their positive aspects as well as their flaws and weaknesses, and overcome them, (iv) must learn to live according to a golden median and should not fall prey to any kind of extreme.

A highly disturbing fact that emerged from this discussion was that substances such as drugs, alcohol, tobacco, etc. are easily available. Women have to face the brunt of these addicts who tend to take out all their anger and frustrations under the influence of these substances on them.

Schools and colleges should create awareness among students about the ill-effects of substance abuse, and this could possibly be introduced as a subject in the academic curriculum.

HEALTH OF ADOLESCENTS

Dr Hemant Apte dwelt upon the delicate topic of 'sex'. In a survey conducted by the K.E.M. Hospital, 86% of the 3000 students in rural and urban areas were unaware of sex education.

Proper career guidance, counselling and sex education can prevent adolescents from choosing the wrong path in life. Lack of awareness on several important social issues such as HIV/AIDS, sexual harassment, unwed motherhood, substance abuse, etc. needs to be

rectified. Awareness workshops or seminars need to be held in every school in every village.

Counselling for both parents and children is necessary so that intergenerational conflicts can be ironed out and a healthy relationship can be developed between the parents and child. NGOs and the media could play a proactive role in this area.

There should be no societal or familial pressures on the youth to prevent them from developing cordial relations with the opposite sex.

Condoms should be made available even in the villages and they should be easily accessible. The wrong kind of films should be strictly censored.

DISABILITY

This session was guided by Dr W.N. Tungar. The problems of the disabled were divided into three categories—health, education and employment.

Health

- The department for handicapped patients in hospitals should be located on the ground floor.
- There should be no queues in public places for these people.
- Artificial limbs and prosthetics should be easily available at reasonable cost.
- Medical certificates should be provided to the disabled so that they can avail of the welfare facilities and schemes of the Government for them.

Education

- The disabled should not be denied admission to regular schools on the grounds of their handicap.

- Hostels for the disabled should be set up at district level and they should be provided vocational training.

Employment

- The 3% reservation scheme that the Government has announced should be implemented with immediate effect, even in the private sector.
- A list of jobs that the disabled can do should be prepared.
- A special market for the products/goods produced by the disabled should be set up.
- The disabled in the villages should be given training to enable them to earn a livelihood.

CHILD LABOUR: RECOMMENDATIONS

- The law banning child labour should be effectively implemented and strictly adhered to.
- NGOs should assist the Government to implement this ban.
- Child labour should include children till the age of 16 years.
- A committee for child rights should be set up at the district level.
- A special centre should be set up to rehabilitate child workers, and give them proper education and health facilities.
- Those who employ child labour should be arrested on a non-bailable warrant and given tough punishment.

One of the most important outcomes of this conference was the decision to form a youth alliance. According to Dr Gokhale, 'The objective of the Alliance is to bring NGOs together, to understand the needs of the youth and help them implement the recommendations.'



Uttaranchal

HIMALAYAN INSTITUTE HOSPITAL TRUST

The Himalayan Institute Hospital Trust (HIHT) took the lead role for the State-level Forum for Uttaranchal. The Forum helped to bring adolescents, NGOs, various departments of the Government working on adolescents and donors on a common stage. The experience-sharing and mutual learning between organizations and individuals made people aware of the issues. This was made possible with a three-day State-level workshop in March 2004. The goals of the workshop were:

- To develop a shared understanding of the needs of the youth within the State with respect to reproductive and sexual health
- To select best practices and experiences on adolescent health
- To develop an advocacy forum based on broad issues pertaining to the youth in Uttaranchal
- To assess State-level policies and programmes pertaining to young people's sexual and reproductive health and rights (SRH&R)
- To initiate support for and responsiveness of State and local public health agencies towards core adolescent reproductive and sexual health practices.

INAUGURATION

The workshop was inaugurated by the Chief Guest Shri S.K. Das, Health Secretary to the Government of Uttaranchal. Dr Debabrata Roy, coordinator of the workshop from HIHT, Dehradun, welcomed the participants. Dr Roy presented a brief summary of the expected outcomes.

The programme ended on the first day with a short play by adolescents from the Sahaspur Block of Dehradun. The topic was gender discrimination among boys and girls within families.

PRESENTATIONS

Three presentations were made on the second day, and four more were made on the third day.

Young people's SRH issues, rights and responsibilities

Dr Bharti Dangwal (State NGO Coordinator [RCH]) explained the right of adolescents to know about SRH issues. Young people now become sexually active at an early age because of early onset of puberty, delayed age at marriage, socioeconomic pressures leading to migration, paid sex and declining moral norms. Lack of guidance and support are added factors. Sexual health problems among adolescents—unintended pregnancies, unsafe abortion, early motherhood, sexually transmitted infections (STIs)/reproductive tract infections (RTIs), sexual violence and abuse—are consequently on the rise. She highlighted the role of the media in encouraging adolescents to experiment with sex. She spoke of the ABC model which encourages adolescents to either abstain, or be faithful to one partner, or to use condoms for protection, if they have multiple partners.

Dr Dangwal said that the behaviour change approaches for adolescents have to be systematic and planned, and should support them in making

informed decisions regarding abstinence, postponement of sexual intercourse, monogamy, consensual sexuality, use of condoms (contraception). She stressed that merely providing information is not enough. There has to be planning and evaluation of the behaviour change along with objective sexual health interventions.

Her message to providers was that they must accept young people's sexuality, be real partners and provide choices and support for young people to make well-informed decisions. Parents, teachers, religious leaders, political leaders, youth organizations and other community bodies must be involved.

Emotional health, personality and self-esteem issues: Physical and sexual security

Dr Anil Singhal, Professor and Head, Department of Neurology, HIMS, spoke on existentialism and emotions. He dwelled on the relationship of the mind with the soul and classified the mind into lateral and conscious mind. Adolescents must be helped to discover this consciousness through the practice of meditation and yoga. This in turn will affect their mental and emotional health.

Group outcomes

Adolescent SRH issues

- Lack of knowledge, awareness, education on SRH issues among young people
- Inappropriate risk behaviour leading to harmful effects on health due to lack of awareness among the youth
- Prevalence of myths and misconceptions related to SRH among adolescents
- Physical abuse of adolescents, which is common in villages
- Poor hygiene among adolescents
- Early pregnancy resulting from early sexual activity
- Problems related to menstruation among rural girls

- Concern regarding sexuality
- Lack of knowledge related to puberty
- Gynaecological problems

Psychosocial issues

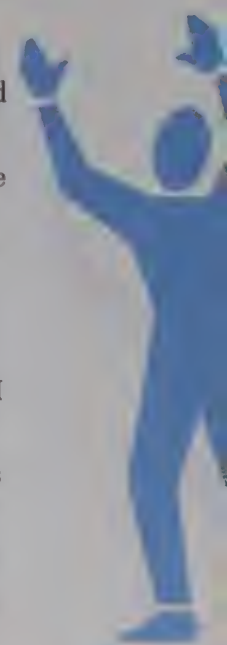
- Gender discrimination widely prevalent in the State
- Lack of family support
- Lack of a friendly and supportive environment, and services for the youth
- Family disputes and generation gap
- Lack of appropriate communication and discussion on SRH
- Fear of disapproval leading to non-seeking of services by the youth
- Stakeholders have no time for young people
- Emotional problems among the youth
- Poor psychosocial support within communities
- Need for development of emotional control and self-control among adolescents

Adolescent SRH rights

- Age at marriage should be increased.
- A marriage should have the bilateral consent of the partners.
- Education should be provided on reproductive and sexual health for junior and senior classes.
- Discuss reproductive and sexual health issues with others.
- Avoid unwanted pregnancies.
- Reproductive and sexual health services and information should be accessible.
- Have the ability to say 'no' to forceful/coercive sex.
- Consensual sexual relationship is a right.

Adolescent SRH responsibilities

- The community should be aware of SRH issues.
- The community should talk about SRH issues openly.
- Safe sexual practices and relationships should be encouraged within friendly and societal norms.



- Be faithful to the partner and avoid promiscuity.
- Practise gender equality.
- Avoid unsafe sexual behaviours and be responsible for such behaviours.
- Use contraceptives during sex.
- Promote abstinence.

Adolescent emotional health

- Anger and other emotional problems are common among the youth.
- There is peer comparison by parents of adolescents.
- Stress among young people is growing.

Nutrition, growth and development in adolescence

Ms Uma Prakash, State coordinator, MOST India, emphasized the requirement for good nutrition during puberty and its role in the development of the adolescent body. She also spoke of the effects of malnutrition—delay in puberty and suppression of immunity.

Micronutrient deficiency is very common in the hilly areas of Uttaranchal, especially iodine. Intervention for girls will result in good health of the entire family, including children. The main emphasis must be on awareness generation among the youth for a healthy lifestyle and eating habits.

Examination stress among adolescents, gender double standards and power imbalance

Dr Zeba, Professor, Department of Paediatrics, HIMS, focused on poor concentration, difficulty in sleep and changes in the thinking and behaviour patterns of adolescents during examinations. She emphasized the role of parents and schools in controlling these and reducing their effect on adolescents. She also spoke on stress-related disorders and the physiology of stress. She emphasized the role of guidance centres in providing psychosocial services to adolescents.

Group outcomes

Adolescent nutrition

- Lack of employment and low socioeconomic status of families
- Large family size
- Nutritional programmes not reaching the beneficiaries
- Malnutrition in pregnancy
- Influence of fast food and processed food over cultural food
- Lack of adequate knowledge of nutrition, appropriate diet and cooking methods
- Inaccessibility of nutritious food
- Nutrient deficiencies, such as those of iron, iodine and micronutrients including vitamins, are common
- Lack of environmental sanitation

Gender discrimination

- Son preference is strongly prevalent in the society.
- Social norms for boys and girls are different leading to suppression and exploitation.
- Gender discrimination leading to additional problems

Stress among adolescents

- Gender discrimination
- Social and community issues
- Marriage concerns
- Unemployment
- Expectations of others
- Unfulfilled desires
- Lack of future direction
- Physical deformity and disability
- Parental pressure for achievement
- Alcoholism in the family
- Lack of a safe environment
- Family dispute and household problems
- Educational difficulties
- Loneliness
- Social and behavioural norms
- Lack of facilities



Adolescent gynaecological problems

Dr Vineeta Gupta, Professor and Head, Department of Gynaecology, HIMS, explained the basic anatomy of the female body and gynaecological system. She talked of menstruation, adolescent contraception and the need for counselling for gynaecological problems. She discussed conditions for which adolescents must seek advice from the expert. She reflected on the magnitude of the problem of teenage pregnancy and types of contraceptives suitable for them.

She cited examples from the special Adolescent Clinic at HIHT named 'Kishori Clinic' jointly run by the Departments of Paediatrics and Gynaecology. Adolescents account for a large number of OPD attendees. However, most of the problems they come with can be solved through cost-effective conservative treatment. She advocated for the establishment of special adolescent-friendly service units at the periphery.

Youth involvement in programmes and adolescent-friendly services

Dr Nisha Lal, Consultant, Engender Health, New Delhi, emphasized the quality of reproductive health services for the youth.

Studies reveal that roughly 30% of adolescent boys and 10% of adolescent girls are sexually active before marriage; 25% of adolescents support premarital sex; and only 7% of married adolescents use any contraception, resulting in unwanted pregnancy. The prevalence of STIs is higher among adolescents than adults due to biological and social reasons. Besides, problems of early pregnancy and high maternal mortality ratio (MMR) are also associated with adolescence.

There is thus a great need for reproductive health services. However, there are many barriers to seeking reproductive health care services by the youth. Some of these are:

- Unmarried status of the client

- Poor treatment by providers
- Judgemental attitude of providers
- Lack of privacy
- Lack of awareness about the presence of such services in their locality

The youth have a right to information, access to service, informed choice, safe service, privacy and confidentiality, dignity, comfort and continuity of care. Providers need to facilitate supervision and management of adolescent services. They must provide information, training and development. Equipment and infrastructure for the provision of full services to adolescents are lacking in India.

Gaps in policies and practices/strategies

Dr D. Roy presented the policy review. The policies ignore the need for access to information and services by adolescents, their contraceptive needs, the problem of teenage pregnancy and safe abortion services. He stressed on developing policies based on the local conditions. Dr Roy pointed out that there must be separate services and programmes for adolescents, which should be integrated with the existing infrastructure.

Group outcomes

Stress among adolescents

- There is a focus on examination-related problems.
- There is an achievement-oriented race between adolescents and their families.

Adolescent gynaecological problems

- Increase awareness about reproductive health problems among adolescents.
- Educate girls and parents on adolescent gynaecological problems.

Youth involvement in programmes and adolescent-friendly services

- Many barriers come in the way of access to and usage of services.



- There are problems related to the availability, accessibility, affordability, acceptability and quality of services.
- Most of the health and non-health services for adolescents are not available to them.
- The available general services are not accessible.
- Private service is preferred because its quality is better than the public service.
- The element of confidentiality is lacking.
- Providers lack a professional attitude and are not adolescent-friendly.

Thus support services should be developed and education linked with the health services.

Counselling, adult interaction on career, livelihood and life-skills

Dr Rahul Bansal, Professor, Department of Community Medicine, HIMS, highlighted the need for counselling among adolescents to develop a good body image, self-image and new values. He focused on physical growth and psychological development-based counselling. The counsellor must not have a judgemental attitude and should not impose values. Formal services are not available for the youth. Adolescents share their feelings and concerns with peers or seniors or sometimes with no one.

Group outcomes

Counselling

- There are many issues for which adolescents need counselling services, but there are hardly any providers of such services.
- Most of the time value judgement is done and the adolescent is made the target.
- Maintaining confidentiality and developing a trusting relationship with the client are the biggest problems.

VALEDICTORY ADDRESS

Dr Roy introduced the participants to the chief guests. They were Dr V. Chauhan (Member, Presidential Body, HIHT); Ms B. Maithili (Director,

RDI, HIHT); Dr Kathy Mckheen (Head, Department of Medical Education, HIMS); Dr Nilesh (USAID).

Dr Roy gave a brief on the 3-day long exercise and then gave a vote of thanks.

RECOMMENDATIONS

The participants brought out a set of recommendations and a plan was developed to implement these.

- Health agencies should organize family life-education camps at outreach areas for adolescents.
- Various health and non-health services for adolescents should be provided.
- Nodal NGO recognition is needed for adolescent development.
- The Departments of Education and Health should make provisions for 'adolescent-specific' components in the school curriculum, as activity-based co-curricular participatory initiatives.
- Develop master trainers for health- and non-health related adolescent programmes.
- Assess adolescent needs and provide demand-driven services involving adolescents.
- Inform and educate adolescents on their rights and responsibilities.
- Establish counselling centres for adolescents.
- Provide communication for behaviour change through various means endorsed by the community. These should be adolescent-friendly.
- Lessen the 'gap' between adolescents and stakeholders; create an enabling environment and develop a sense of belonging.
- Set up cultural resource centres for adolescents to impart Indian culture and traditional values.
- Set up personality development, technical and vocational education centres for adolescents.
- Provide library services or information and documentation services, scope to read

- biographies, memoirs and life sketches of leaders.
- Make society sensitive to the special needs of adolescents.
- Hold workshops for adolescents on various youth-related issues and topics.
- Conduct talent hunt shows for adolescents and organize cultural, competitive events.
- Impart training and orient parents.
- Hold workshops for providers and other stakeholders.
- Provide motivation and impart training for horticulture.
- Develop exercise centres and sports complexes.
- Identify State-level nodal NGOs and GOs for adolescent services.
- Provide equal education and employment opportunities for boys and girls.
- Provide knowledge and education on adolescent pubertal changes and other SRH issues through the school or community.
- Provide social, educational, cultural, financial, legal, medical and other services through adolescent-friendly centres.
- Organize camps for adolescents on screening, awareness and services.
- Make existing initiatives adolescent-friendly.

The process required to implement the vision developed at this State-level workshop will involve considerable work on the part of officials at various Government departments of Uttaranchal, particularly the Youth Affairs, Health and Education Departments on a long-term basis. To meet this ambitious goal, the following strategic process is recommended. It consists of five major phases.

Phase I: Formation of a task force

The initial phase allows the task force to refine and articulate the ideas presented in the recommendations. The goals and definitions developed during this phase will form the basis for the task force communication with Government departments, NGOs, clients and the public as the strategic process proceeds.

Thus, this phase provides the crucial first step in the process of communication the task force will adopt for State and local levels. This phase includes three major steps.

Step 1: Formation of the task force

The task force will have members from GOs and NGOs from various backgrounds and fields such as sociology, health, medicine, law, education, rural development, etc. who are familiar with the conditions and needs of the State. The task force must also have adolescent representatives from colleges.

Step 2: Developing a vision plan

A vision plan has to be developed by the task force to implement the recommendations. An action plan must also be developed.

Step 3: Define the purpose of the task force

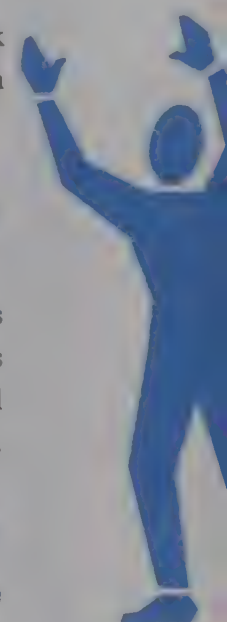
The roles and limitations of the task force and its commitments must be clearly mentioned. Its function and the bodies providing support and consultancy to the group must also be mentioned.

Phase II: Consultations and review

The consultancy and review will follow the formation of the task force. The members of the task force will regularly meet and develop the recommendations technically and administratively. They will refine and readdress the issues based on the local needs and demands through consultation with local people and providers.

Step 1: Get inputs from the local level

The task force must recognize the close linkages between development and programmes in the region. They must design and plan actions to translate the recommendations into community initiatives. They must also find mechanisms for local involvement and participation of the youth.





Phase III: Development of goals and objectives

This phase involves the development of specific goals and objectives based on the outcomes of the workshop and previous phases. It is divided into two steps.


Step 1: Identify and develop the goals to be achieved over the next 2 years

Using the inputs, the task force will develop primary goals for the future and present the general intention of the committee. Two types of goals should be formed—short-term goals for 2–3 years based on immediate local needs, and long-term goals based on long-term outcomes.

Step 2: Develop local-level objectives to support the goals

Before the overall goals, the task force must develop specific objectives. These objectives should delineate (i) the changes in policies, programmes and procedures which will be required to meet the stated goals, (ii) various levels of approval and type of inter-agency coordination that will be needed to implement these changes, and (iii) a clear time-line for making these changes, which will allow programme changes to be implemented at the local level.

Phase IV: Implementation summit and formation of a commission



The next step should be an implementation summit meeting to bring all the local planning groups together to discuss the final and approved version of the implementation objectives. The meeting would serve as a symbolic rallying point for the kick-off of the entire implementation. The following items should be discussed at the meeting:

- The development and implementation of monitoring and measurement systems to

ensure that the planned objectives are being met.

- Discussion of the challenges and changes that must be considered in the implementation plan.

The attendees must be made aware of a quarterly reporting process and schedule before the conclusion of the implementation summit. A good tracking process is essential for the effective implementation of a decentralized planning process. Thus, it is recommended that the larger task force be disbanded at the conclusion of the summit and a smaller implementation tracking committee be established to track the progress of the plan at the State and local levels.

Phase V: Implementation of the action plan and process

This part of the planning process will be critical to the success of the implementation programme. Following the summit meeting, implementation of the action plans should be developed for each objective at the State and local levels by the task force and its local counterparts. These should detail the major action steps required to achieve each objective and used as the basis for the quarterly reporting system on the progress of the implementation of the strategic plan. The action plan should include the following components:

- Objective to be achieved
- Task or action necessary to achieve it
- Time period over which the objective will be achieved
- Persons responsible for the task
- Expected outcome

The implementation tracking committee would then oversee this process. Once the plan is developed and approved, it can be executed through a commission on adolescents. This commission will have semi-judicial power to implement the programme on adolescents in the region. The formation of the commission will be the next link in the process.

Uttar Pradesh

MAHILA SAMAKHYA

Adolescents constitute 21.4% of the population in India. Yet, the overall psychosocial and physical growth potential of this age group has remained unexplored. Rural adolescent girls are the worst sufferers.

KISHORI UTSAV

Kishori Utsav was organized by Mahila Samakhya for the empowerment of rural adolescent girls. The 6-day programme highlighted their problems and plight. Street plays were organized on the first three days. This was followed by seminars, exhibitions and a mock parliament.

The main events were inaugurated by the noted social activist and former MP Shabana Azmi. Dr Manju Agarwal, Programme Director, Mahila Samakhya, stressed that Kishori Utsav was the first large-scale attempt to address the issues related to rural adolescent girls.

ADOLESCENTS AND THE EDUCATION POLICY

Dr Rakesh Chandra discussed the education policy in the rural context.

Main points of discussion

- Education should be the same for all, irrespective of gender.
- Since every adolescent girl is different, her education should be according to her likes and dislikes.
- The objective of education should be to unite all.

- Education should make us aware of our rights as citizens.
- Education should teach us to love and care for fellow human beings irrespective of their caste, creed, colour, and also to care for nature and the environment.
- Education should make us capable of learning new technologies.

Problems of girls in rural areas

- Girls do not have the means to study further after school.
- School teachers are not regular.
- Some male teachers behave badly towards girls.
- Eve-teasing is rampant.
- Girls are discouraged by teachers to study science or mathematics.

The Education Committee is one of the six committees that every Gram Panchayat has. This Committee should ensure that all children of the village, especially girls, get education.

Girl participants felt that they should have following abilities and values.

- Ability to take their own decisions
- Ability to converse and express their thoughts freely and boldly
- Ability to confidently and bravely face any situation in life
- Ability to resist discrimination on the basis of caste/religion
- Seek knowledge and develop creative abilities



ADOLESCENTS AND CAREER OPTIONS

Dr Amrita Dass, a well-known career counsellor, conducted this session.

Main points of discussion

- Ask yourself 'Who am I and where am I going'?
- Decide your aim in life.
- Do not lose confidence in yourself.
- Follow your dreams with confidence and have the strength to fulfil them.
- Choose your career according to your likes and dislikes.

RIGHT TO TAKE DECISIONS AND MAKE CHOICES ABOUT MARRIAGE AND CAREER

Dr Rooprekha Verma, a well-known educationist, social worker and ex-Vice Chancellor of Lucknow University, conducted this session comprising 60–65 girls.

Main points of discussion

- Women are considered 'queens of the kitchen', but they cook the food that men want. Men do not cook at home though most restaurants thrive on male chefs.
- If girls mingle with boys, they are considered to be of easy virtue and their family too raises objections. It is not understood that girls can have boys as friends, colleagues and classmates.
- Our society does not allow mixing of boys and girls, so adolescent girls should choose their life partner or get into a relationship with caution.
- Support from families will help girls to face adolescence with confidence.
- Girls should organize themselves and fight together for their rights and work to eliminate discrimination, exploitation and violence against women.

ADOLESCENTS AND CONSTITUTIONAL LAWS

Mr Arvind Jain conducted this session.

Main points of discussion

- Increase in obscenity and violence in reel life is having a negative impact on our society.
- Eve-teasing, cases of rape, playing of obscene songs in public make it difficult for a girl to walk on the streets.
- Culprits of more than 96% of rape cases go unpunished.
- Laws made to support women save men from the crimes they commit against women.
- There is no way of terminating marriage. Even if an adolescent girl is married without her consent, the court accepts the marriage as legal.
- Women should interact with law-makers of the country to solve the problems related to women.
- Mahila Samakhya has taken the initiative of providing a common platform for law-makers and adolescent girls.

PHYSICAL AND MENTAL CHANGES DURING ADOLESCENCE

Dr Suman Srivastava of Parivar Sewa Sansthan conducted this session.

Main points of discussion

- Physical and mental changes during adolescence continue till 18 years of age.
- Girls recounted the embarrassing situations they had faced during their first monthly cycle.
- It is important to maintain cleanliness during the menses.
- The problems related to teenage pregnancies were discussed. The girls recounted cases of young girls dying due to pregnancy-related complications.

Psychological disorders such as hysteria, fits, etc. were also discussed.

RIGHT AGE AT MARRIAGE AND ADOLESCENT HEALTH

Dr Neelima Singh of Vatsalya conducted this interactive session.

Main points of discussion

- Rural adolescent girls have no knowledge of how to take care of their health.
- Many unhealthy practices related to the menses are followed.
- Sex education is lacking.
- Childbirth and contraceptive methods are taboo subjects and cannot be discussed with elders.
- Adolescence is not the right age for marriage because during this period physiological, hormonal and psychological changes take place.
- Rural adolescent girls lack knowledge about sexual relations. They may face the complications of teenage pregnancy.
- None of the girls attending the session wanted an early marriage, but those who were married said that their families had pressurized them for marriage.

Queries

- What should be done if a girl does not reach menarche even at 18 years of age?
- What is the ideal age for childbirth?
- Can a girl become pregnant if she did not start her periods till marriage?

Myths

- If a girl does not bathe during the menses, she will have a backache.
- Curd or pickles should not be eaten during the periods.
- If a girl has sex during her menses, she will become pregnant.

- The girls wanted to raise the age at marriage from 18 to 21 years.
- In case they got married, they did not want children immediately; however, their knowledge of contraception was poor.

VIOLENCE AGAINST ADOLESCENT GIRLS

Ms Neelam Chaturvedi, Secretary of Saraswati Kendra, Kanpur, conducted this session.

Main points of discussion

- Mental violence: about 75% of the girls said that they are not treated at par with their brothers.
- Physical violence: 92% talked about eve-teasing, sexual exploitation and rape.

UNMARRIED MOTHER: VIEWS OF THE SOCIETY AND LAWS

Dr Shalini Mathur, Secretary of Suraksha, an organization working for women's rights and women's issues, conducted this session.

Main points of discussion

- Should girls establish physical relations before marriage?
- If girls have a means of contraception, will they enjoy sex before marriage?
- What should a girl do if she is not able to become a mother after marriage?
- Are enjoying physical relations and becoming a mother the same?
- How many girls get love and praise for their efforts?

ADOLESCENTS—PRACTICES AND PERCEPTIONS

Dr Alka Pandey conducted this session.

Main points of discussion

- The age-old perception that girls are a liability and burden is still strong in our society. This hampers their development.

Real-life experiences

- Physical violence starts from 13 years of age.
- Incidents of physical violence happen more within the home.
- Sexual exploitation happens outside the home and in schools.
- Older men commit such crimes.
- Girls hesitate in telling their family members because in most cases they are held responsible.
- Only 7 girls had heard of punishment for rape.



What is needed

- Social and psychological change in the attitude of people, especially women.
- Women should have confidence in themselves.
- Cases of sexual violence should not be kept secret as they encourage the perpetrators.

- Girls are not allowed to go out due to fear of sexual exploitation, whereas they work for long hours in the fields.
- Girls wear signs of marriage, change their name after marriage whereas men do no such thing.
- Even after marriage a girl cannot see her husband's face in the daytime.
- Many wrong practices are followed in the society related to the menses and puberty.

ADOLESCENTS AND THE MEDIA

Ms Anuradha Mukerherjee and Ms Surbhi conducted this session.

Main points of discussion

- Messages given through advertisements are not always true.
- Films and television serials do not depict real-life situations and, at times, messages conveyed through them are wrong.
- The media covers only the issues related to cities and not villages.
- Adolescents expect that their problems should be highlighted by the media.

CASTEISM AND COMMUNALISM

Ms Subhashini Ali, former MP and leading activist, conducted this session.

Main points of discussion

- Lower caste people are not allowed to the enter houses of higher caste people.
- Lower caste people are served food in separate utensils.
- Lower caste people cannot enter temples or participate in cultural activities.

- Lower caste people use separate taps and wells in villages.
- Discrimination on the basis of caste continues even in schools where lower caste students sit on the floor and are neglected by the teachers.
- The root cause of communalism is politics.

WOMEN AND CASTEISM

This session was conducted by the noted journalist, Ms Shabnam Hashmi.

Main points of discussion

- Women should unite and fight against casteism and should not discriminate among themselves on the basis of caste.
- Women bear the brunt of communal violence. They are raped, sexually assaulted and humiliated.

DENTAL CARE: ADOLESCENTS AND HYGIENE

Dr Piyush Goel conducted this session.

Main points of discussion

- People in villages have no knowledge of dental care and personal hygiene.
- Bed tea is usually taken without cleaning the teeth.
- The teeth are cleaned with charcoal powder, etc. using the fingers.
- Unhealthy eating habits and improper cleaning of the mouth lead to constipation, weakness, mouth diseases, gum infections.
- The teeth should be cleaned using a toothbrush and paste before eating anything in the morning and after eating dinner at night.
- Breakfast should contain green vegetables.

KISHORI SANSAD

Kishori Sansad was a mock parliament organized by adolescent girls to put forward the various problems, trials and tribulations they face. The speaker of the mock parliament was an adolescent girl Reshma. A realistic, though

What can be done

- Spread awareness by organizing rallies, exhibitions and educating people about how casteism is slowing down the rate of our development.
- Organize awareness campaigns, *nukkad nataks* and personal contacts.

grim, picture of the lives of these girls emerged from the proceedings.

Main points of discussion

- Girls recounted the hardships and opposition they had to face from the family and society to study further after class V. Incidents of gender-related discrimination in the family were narrated—how they are given less food and neglected if medical aid was require
- One girl talked about the incidents of eve-teasing in her village and how most of the time girls are held responsible. Some girls said that teachers in school also try to sexually harass them.
- One girl was not allowed to go to school outside the village as there was no vehicle to take her to school.
- Sexual exploitation by the father was the most pathetic. An incident in Saharanpur saw the rapist being released on bail in 3 days.
- Instances of girls being sold by parents for money were recounted.
- Cases were brought to light where girls were brutally killed by in-laws for dowry. In some cases girls were killed because they tried to marry boys of their choice.
- Girls wanted to end gender-based discrimination in their right to marry. They wanted the age at marriage to be raised from 18 to 21 years.
- Girls expressed a desire for equal wages for all workers, irrespective of gender.
- Girls demanded that women police should be present in *thanas* as men officers are insensitive towards the victims of eve-teasing and rape.
- Lady doctors should be present in all government hospitals.
- Girls narrated some cases of violence due to liquor/wine addiction.
- Female foeticide was the most touching issue raised by the girls.



State-level Consultation

Delhi

BAL PANCHAYAT AND CASP-PLAN

Though many innovative strategies in health care have been implemented by several organizations across the country, these experiences have not been shared or disseminated on a large scale, nor has their feasibility and acceptability been tested. This has limited the opportunities for scaling up effective and appropriate practices.

The Delhi State-level Consultation was organized in March 2004. It was a two-day event. About 500 young people from 95 NGOs participated in the SLC.

The opening address was delivered by members of Bal Panchayat and CASP-Plan, who stated that the objectives of the Consultation were:

- To create an environment where the youth can talk about health issues freely
- To build awareness about the rights of the youth
- To develop a strong network of the youth
- To mobilize the youth to take a proactive role in achieving their rights
- To influence Government policies and programmes through advocacy

Dr S.D. Gokhale, President, CASP, in his keynote address, highlighted the important characteristics of the alliance. He said that it is crucial that the alliance be self-reliant and independent to achieve its objectives. NGOs are doing their bit for the society, but they cannot work in isolation. The youth will have to mobilize themselves and policy-makers to develop effective policies and programmes for them.

EDUCATION AND LIVELIHOOD

The panelists for this session were representatives from Scope Plus, Dr Reddy's Foundation—Livelihood Advancement Business School (LABS), Unleashing Development Attitude among Youth (UDAY) and Rainbow, and Aurobindo College.

Key points of the session

- Education is a broad term and should not be limited to only school education. The focus should be on all-round development of a person.
- Unemployment is a huge hurdle today. Despite proper training, the youth are unable to find jobs.
- The education system should be designed to meet the current requirements of the market.
- The quality of education needs to improve, especially that imparted in government schools because these are largely accessed by the underprivileged sections of the society.
- Government spending on education is not sufficient to meet the growing demands. It should be pressurized to increase the expenditure on education.
- Education of girls is extremely important and needs to be imparted in a sensitive way.
- We should be clear about what we expect from our country's youth.
- Counselling of parents is crucial.

REPRODUCTIVE HEALTH

The panelists for this session were representatives from HRIDAY-SHAN, Modicare Foundation, Olokh, and youth participants.

Keys points of the session

- The spread of HIV/AIDS is not just a clinical but a social problem.
- It is crucial to understand the pressure faced by boys and provide them with the right kind of counselling that addresses issues related to sex and sexuality.
- Counselling the parents is also crucial. Parents themselves have to know the meaning



This two-day Consultation for young people was held in April 2004 at Gandhi Smriti Darshan. It was the second such consultation held in the State. The main focus was to bring together children, the youth, adults and others committed to the development of the youth and children.

The workshop saw the coming together of various NGOs, students, activists and, most importantly, children.

The main purpose of the Consultation was to facilitate the development of a pressure group of young people and increase participation of the youth in issues concerning them. To fulfil the above objectives, a Bal Panchayat was formed under CASP-Plan Delhi. This is a forum of the children by the children and for the children. It aims to provide maximum participation to children in issues directly related to them such as health, education, gender equality, etc.

OBJECTIVES

The objectives of the SLC were:

- To build a forum for open discussion on

Creative techniques such as theatre, street plays, etc. are important in spreading awareness about social issues.

of reproductive health to explain it to their wards.

- Sex education needs to be included in the curriculum at school level. However, more thought needs to go into deciding the level at which sex education should be introduced at school.

various issues pertaining to the health and development of young people

- To discuss the various indicators of youth health and development with a primary focus on reproductive health. These indicators include
 - Career
 - Children in vulnerable situations/those with special needs
 - Emotional health
 - Growth and development
 - Nutrition
 - Personality development
 - Rights and responsibilities
 - Sexual and reproductive health
 - Substance abuse
 - Violence—physical and sexual
- To identify various practices and strategies to address the youth and document the various challenges encountered. These include
 - Adolescent-friendly services
 - Awareness and exposure to the outside world
 - Counselling (gender-sensitive)
 - Gender issues such as double standards and power imbalances



- Life skills
- Livelihood skills
- Parent, teacher and other adult interactions
- Youth involvement in programmes
- Youth participation: Case studies of different people
- Reviewing all State- and National-level youth health and development documents including those related to the following:
 - Education
 - HFW/Reproductive and Child Health (RCH)-II Programme
 - Ministry of Social Justice and Empowerment
 - National- and State-level welfare boards
 - Population policy
 - State AIDS Control Society (SACS)/ National AIDS Control Organization (NACO)
 - Women and children
 - Youth affairs
- Recommendations to address the needs of young children
- Creation of pressure groups comprising the youth
- Facilitation for the development of pressure groups
- Advocacy and capacity skills for the youth
- To develop an evidence-based advocacy strategy and move towards mobilizing policy-makers.

YOUTH AND EDUCATION

The demographic data show that adolescents constitute 232.5 million of the total population. Those in the age group of 10–24 years, who constitute 29% of the country's population including adolescents in the age group of 10–19 years, have the greatest potential. The main features of the adolescent population are:

- Poor quality of life
- Lack of knowledge and poor state of reproductive health
- Innovative and creative ideas and skills

Girls in this age group are often ignored, and neglected by their families and society. Poor nutritional status, early age at marriage and childbearing are impediments towards adolescent development and empowerment. The need of the hour is that voluntary organizations, NGOs and the Government should join hands and come out with a concrete plan focusing on education and employment opportunities for adolescents.

Much was discussed about the importance of education, the need for primary education, role of technical education and the present education system. Government policies were also discussed and various views put forward as to how they could be made more effective.

The presentation highlighted the sensitivity of adolescents as the bridge between childhood and adulthood; their social, psychological and emotional problems, such as family pressures of earning their own livelihood for boys and marrying early for girls.

YOUTH AND VIOLENCE

The youth have abundant energy which, if channelized in the right direction, could be very constructive and productive. In the present political scenario this energy is being wasted and headed in the wrong direction. The infinite potential of the country's youth is driven by fanaticism and fundamentalism.

In India, one of the major forms of violence is female foeticide, which is being practised both in rural and urban areas. This has resulted in an adverse male to female ratio in the country. The adult sex ratio is 929, while the adolescent sex ratio is only 871. Participants expressed concern over the adolescent sex ratio and concluded that not only parents but also influential members of the community must give this serious thought.

Another form of violence is rape, both of minors and young girls. This could have the most traumatic physical and emotional impact on girls. The discussion highlighted the problems and measures to be taken to curb this. The ways in which victims of rape could be rehabilitated were also discussed and debated.

YOUTH AND THE MEDIA

The media could have both an adverse or a positive effect in shaping the minds of the youth. On the positive side, the need for using the media to create large-scale awareness among the youth and children was emphasized.

A survey showed that adolescents buy books providing incorrect information on sex. Pornography, in one form or the other, is projected through the electronic media. It is therefore necessary to give proper, adequate and scientific sex education through a proper platform.

The media has its shortcomings too. It was criticized on the grounds of being a puppet in the hands of private owners, the profit motive, etc. The media could lead the youth onto the road of fanaticism and fundamentalism. The discussion ended by urging the media to play a more constructive role in youth development and empowerment.

SEXUAL AND REPRODUCTIVE HEALTH

The indicators related to the age and sexual structure of adolescents and young adults, sex ratio, age at marriage and at consummation of marriage, use of contraceptives, the unmet and total need for family planning, coverage of pregnant women, place of delivery and the presence of a skilled attendant at the time were discussed and presentations were made.

Current situation

- Lack of freedom to express feelings

- Discrimination and gender bias
- Hesitation, inhibition, shyness, and lack of ability and confidence in decision-making
- Lack of knowledge about contraception
- Lack of awareness regarding HIV/AIDS and repeated abortion
- Lack of opportunities for adolescent girls

The group felt that the following factors contributed to the existing situation:

- The presence of a male-dominated society
- Myths and misconceptions about sex and childbirth
- Poor state of environmental sanitation and personal hygiene
- Government programmes and schemes not reaching the intended beneficiaries

Strategies

- Increasing the participation of males in the different programmes
- Awareness programmes to remove myths and misconceptions
- Joint and collective involvement of parents and the youth
- Organizing protests against problems
- Need to have sufficient knowledge and education on prevention of malnutrition and repeated conception
- Providing moral support to adolescents

The issue of abortion was discussed in detail and a film made by children was shown to highlight the problem. Doctors were consulted to impart knowledge about the correct procedure of abortion and prevent the youth from falling into the traps of quacks.

SUBSTANCE ABUSE

Drug abuse is taking its toll on adolescents. This problem has percolated to every stratum of society and has acquired a deadly character. The youth today face extremely stressful situations and look for support to cope with them. Peer pressure exerts a dominating influence. Western



values have a growing impact on youngsters who ape the West and fall prey to substance abuse. Another disturbing factor is the easy availability of substances such as alcohol and drugs.

Several problems concerning streetchildren were also discussed including how, in their daily lives, drugs lead to their destruction. Light was thrown on how streetchildren get entangled in the drug-peddling racket. The discussion also focused on role of the police as accomplices to the growing drug trafficking and the most obvious question that emerged was if the protectors are the lawbreakers who would save the people?

The discussion concluded that the youth should improve their abilities to cope with stress and tension. They must also play an active and positive role in preventing their friends from becoming addicts.

LEGAL RIGHTS

If an individual is aware of his/her rights he/she can take the necessary action for obtaining justice. The group suggested that the following rights be given to adolescents:

- Right to health and education, including sex education
- Right to equality (gender)
- Right to move freely
- Right to decide about age at marriage
- Right to take decisions independently
- Right to select a life partner
- Right to vocational training
- Right to freely take part in programmes/activities.

RESPONSIBILITIES

The group also suggested that along with rights, adolescents and their parents should take on the following responsibilities:

- Maintain self-discipline.

- Work towards improving literacy.
- Avoid wrong practices.
- Have the self-control to avoid addiction and bad habits, which have implications on health.
- Take education seriously and on a priority.
- Parents should take the responsibility to encourage their children in acquiring an education.
- Parents should impart life-skills education to their children.
- Adolescents/youth should participate in village-level meetings.
- Male and female adolescents should make it their responsibility to marry after the age of 21 and 18 years, respectively.
- Adolescents should shoulder responsibility to resist and raise their voice against dowry.
- Adolescents should contribute to population control.
- Adolescents should have the right to know the relevant laws about age at marriage and child abuse.

RECOMMENDATIONS

- The youth should be provided training in a way such that they do not fall prey to common myths and misunderstandings about reproductive and sexual health.
- Adolescents should be able to participate in programmes that influence their lives, especially in the fields of health and education.
- Trained peer educators among adolescents and the youth emphasized that reproductive health and family planning should be given priority.
- More non-formal education classes should be held for out-of-school children.
- Adolescents should have access to contraceptives and reproductive health-related services.
- Awareness should be increased among parents, the family and community elders about their responsibility in educating children.

- Adolescents should have information and access to schemes for their benefit.
- Community-based counselling centres should be developed to help the youth in de-addiction.

The closing remarks were made by Ms Bhagyashree Dingle from CASP-Plan Delhi and Mr Rajneesh Saran from the Secretariat. They shared that whatever recommendations had been made would be followed up by the Secretariat, which is being set up by the alliance.

According to recent studies published by the UNFPA, the absence of youth-focused information and services, changing family structures, societal pressures, high rate of premarital sexual activities by adolescents and low use of contraceptives are the factors that place young people at particular risk of unwanted pregnancies and sexually transmitted infections (STIs) including HIV.



Tamil Nadu and Pondicherry

PLAN INTERNATIONAL (INDIA) AND RUHSA

Young people in India live diverse realities and the gap between those who have access to information/resources and those who do not is widening every day. Plan International (India) with RUHSA organized a 4-day State-level Consultation Meeting from 31 March 2004 to 3 April 2004 for the youth in Tamil Nadu and Pondicherry so that they could voice their needs and concerns to the National-Level Consultation Meeting and prepare a national advocacy strategy. In the Consultation were 81 girls and 163 boys as well as 31 NGO resource personnel, making a total of 275.

OBJECTIVES

- To identify the various problems, needs and concerns relating to health and development of young people
- To discuss various issues/gaps in existing policies and programmes for young people and enable them to articulate and influence policies and programmes pertaining to them
- To create an enabling environment for adolescents and the youth to easily access information and services relating to health, including sexual and reproductive health and rights (SRH&R)
- To recommend appropriate strategies and programmes to overcome the problems they face in different areas of life after discussion with various stakeholders
- To disseminate the findings of this Consultation through appropriate documentation

EXPECTED OUTCOMES

- Bring forward the concerns and needs of young people.
- Create space for open discussion on health and development issues of the youth.
- Ensure youth participation in policy formulation.
- Develop an action plan for effective formulation and implementation of programmes and policies for the youth.
- Encourage advocacy and capacity-building of the youth.

INAUGURAL SESSION

Mrs Maya Gaitonde, Secretary of the Bala Mandir Trust, Chennai, was the Chief Guest of the inaugural session. Mr Selvakumar, Coordinator of RUHSA, introduced the Consultation and the Chief Guest was introduced by Dr Rajaratnam Abel, Head of the RUHSA. Dr George Fernandez, Plan India, Bangalore, was the Chairperson of the session. Mr Shivarudrappa from Myrada/Plan, Dharmapuri, gave felicitations. The welcome address was given by student representative Ms Kalaiaarasi and the vote of thanks by student representative Mr Illavarasan.

THEMES

- Gender issues
- Emotional and mental health
- Violence against women
- Reproductive and child health and HIV/AIDS

- Smoking, alcoholism and drug abuse
- Livelihood
- Education
- Youth in difficult circumstances

The participants were divided into groups to discuss and make recommendations on the above themes. Each group had a facilitator either from RUHSA or Myrada/Plan. A youth reporter noted down the discussion points and presented them to the larger group.

On the final day the group recommendations were discussed and participants were asked to highlight the three most important recommendations for each theme.

The District Sports Officer from Vellore, Mr Augustine, represented the Director of Youth and Sports of the Government of Tamil Nadu. He received the recommendations of the Consultation on behalf of the Director.

The Consultation generated all-round satisfaction. The youth were grateful for this unique opportunity of sharing and interacting with the media. The Government representative went back satisfied as well as motivated to involve more NGOs in youth development.

GENDER ISSUES

Dr J.H. Rozario said that the youth are a highly productive age group. Three-fourths of them live in rural areas. Out of every 100 girls enrolling in Class I, only 30 reach Class V. Of the women, 71% are nutritionally deficient. The infant mortality rate (IMR) of male children is 75 per 1000 while it is 85 per 1000 for female children.

Systems perspective

Economic system

- The representation of women in education and employment is very low.
- The school drop-out rate among girls is much higher than that of boys.

- The increased employment of women in white-collar jobs is an illusion.
- The unpaid labour of the women in the family is not recognized.
- Women are employed in low-paying jobs with low skills, low technology and low productivity.
- Wage discrimination for women working in agriculture continues.

Political system

- The opportunity for women to be involved in community activities is poor.
- Women lack political consciousness and have less transactional power.
- There is low representation of women in political forums.

Social system

- Gender discrimination and barriers to equality start at home.
- Female foeticide and infanticide are still practised in many parts of India.
- Wife-battering is common.
- Even today, women are not given equal rights at the workplace.
- Horizontal oppression of women is expressed in the form of dowry demands, trafficking of girls, brothel houses, etc.

Cultural system

Society views a young woman as:

- A mini-mother conditioned to accommodate denials and deprivations
- A mentally and physically fragile householder and helper
- A burden and a liability on family resources
- A sex object as projected in the mass media
- Belonging to another family when she gets married
- A commodity for the pleasure of men

Empowerment of women

- Create awareness on gender issues.
- Provide vocational skills training for girls.



- Organize literacy programmes for girls.
- Organize self-help groups for powerless and disadvantaged young women.
- Have a reservation for women in Parliament.
- Confront exploiters through pressure groups.
- Carry out research studies on youth employment, sports, juvenile justice, reproductive health, etc.

EMOTIONAL AND MENTAL HEALTH

Dr Periyardasan introduced the topic of practical psychology. He said that a skilled person is one who does everything after careful deliberation and is able to handle his emotions appropriately. He advised the youth to do the following:

- Do not suppress emotions.
- Develop self-confidence.
- Do not hurt others.
- Help those in need.

VIOLENCE AGAINST WOMEN

Professor Periyardasan segregated violence against women into three categories:

- Violence on women by women, such as female foeticide, infanticide and dowry deaths
- Violence on women by men, such as eve-teasing, wife-beating
- Violence on women by society, such as granting them secondary status

Rural women, particularly *dalit* women, are more prone to violence than urban women.

REPRODUCTIVE AND CHILD HEALTH AND HIV/AIDS

Dr Rajaratnam Abel said that the factors to be considered in sexuality are love, sex and AIDS. Women are more vulnerable to health problems. Immediately after marriage, they are pressurized to give birth within one year. They are given the least place in the family. Even married men do not know about the body parts of women, how a child is conceived, etc.

We should create adequate opportunities and education for the youth to clear their doubts about sex, as well as provide doctors to deal specifically with the problems of the youth.

The following questions need to be discussed:

1. Should sex education be given in schools?
2. If yes, for whom? and how?
3. Should condoms be promoted?
4. Should those who contract HIV infection be given free medicines?
5. What health services do the youth need?
6. When a boy sexually pressurizes a girl, how should she respond?

SMOKING, ALCOHOLISM AND DRUG ABUSE

Dr R. Natarajan cautioned the youth: 'Don't be a slave to any bad habit; you must make the bad habit your slave.' He said that if we learn to control ourselves, then everything will be under our control.

How to stop smoking

- Avoid smoker friends.
- Smoke one-third of a cigarette.
- Chew *elaichi*.
- Drink half a litre of milk.
- Eat plenty of fruits.
- Take 2 spoonfuls of honey every day.
- Drink plenty of water.
- Do yoga and meditation.
- Listen to songs, read books.

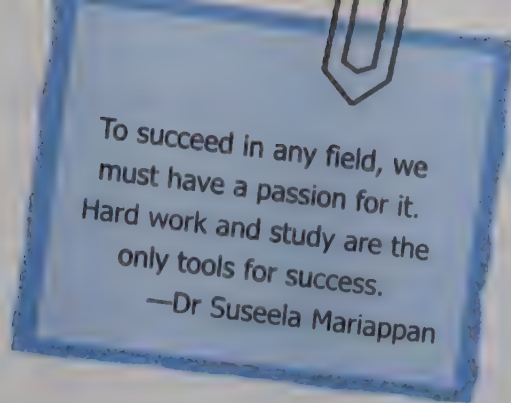
Alcohol

Addiction to alcohol is a family, societal and communicable disease. The stages in alcohol addiction are: Start → occasional → continues → habit → slave.

Drugs

Dr Natarajan asked the youth to abstain from the three evils of smoking, drinking and drugs to lead

- 40% of worries don't happen.
- 30% of worries are about the past.
- 10% of worries are about diseases.
- 10% of worries are about other matters.
- 8% of worries are about the self.



a happy and healthy life. Common drugs in use are brown sugar, heroin, cocaine, etc. Even one experience with drugs can make you an addict. *Pan parag* is also addictive.

LIVELIHOOD

Dr Suseela Mariappan urged the youth to develop a broad mind, capacity for hard work, decency and self-confidence. Only these can improve the quality of life. Only through obedience, maintaining discipline, respect and education can leadership be developed. She urged the youth to make use of opportunities and educate themselves in their areas of interest.

- Identify your weaknesses and try to overcome them.
- Never undermine your own worth.
- Identify your strengths and further develop them.
- Practise self-assessment.
- Cultivate good friends.
- Identify a good role-model and work hard to achieve your goal.

EDUCATION

Dr Balasubramaniam spoke on how the educational system should be designed. He categorized the educational system into three stages—elementary school, middle school and high school.

Elementary school education

All people have a right to education. However, all children do not go to school. Our Government has targeted that by the end of 2010, all children

up to the age of 16 years will undergo compulsory education. The scheme has not been put into practice.

Middle school education

This includes education up to the eighth standard. Education at this level should be suited to the needs and circumstances of children. As per recent statistics, for every 1000 boys, only 800 girls go to school. Along with knowledge, children should be taught vocational skills.

High school education

High school should include education about life. Children should be encouraged to become good human beings. Life-skills are very important. Vocational skills training can equip the youth to start home-based business. Many problems of working women can then be solved.

YOUTH IN DIFFICULT CIRCUMSTANCES

Physically and mentally challenged

Mr A. Selvakumar spoke on this theme as well as on orphan children and adolescents in India. Rehabilitation services are not accessible to many of them. Hence, they face many problems.

Problems

- Not treated equally
- Inequal opportunity in education
- Lack of medical services/economic problems
- Discrimination/ill-treatment in the community
- Dependence on others



- No social status (not able to get married, especially girls)
- Difference in community perception
- Inability to move around because of barriers in the environment
- 3% reservation in job placement not followed
- Lack of facilities for recreation
- People with disability are referred to as disabled, handicapped, crippled, etc.
- Lack of understanding of their potential or capacity. They should be referred to as 'differently abled' and not 'disabled'.

Differently abled persons in the community should be:

- Accepted/respected as they are
- Identified for their potentials/skills/interests
- Given opportunity/encouraged to actualize their potential
- Given priority in analysing their problems, and planning and implementing appropriate schemes and services.

Orphan children and adolescents

Orphan children do not get their basic needs fulfilled in life. There should be appropriate schemes planned and implemented for their betterment. They should be given care like other children.

Child labour

Mr Solomon Victor talked on this theme. The Government Child Labour Act specifies that no child below the age of 14 years should be employed in any industry, business or organization. Parents are forced to send their children to work to earn money. Industries employing children should be penalized and shut down.

Due to lack of growth in the agricultural sector resulting in large-scale unemployment, many rural children go to the cities for work. As they are uneducated and unskilled, they do not get jobs. Opportunities for education should be

provided to these youth, as this problem can be solved only through education.

RECOMMENDATIONS

The participants were divided into eight groups to discuss and make recommendations. The NGO staff were separately formed into one group to discuss all the themes. All the groups presented their reports and identified three important recommendations for submission to the Government.

Gender issues

- Sex education should be compulsory in the Government education system from the sixth standard onwards and teachers should be trained in this area.
- The correct reservation for women should be implemented in Government, private and public departments, and by political parties.
- The Prevention of Dowry Act and Prevention of Harassment of Women at the Workplace Act should be strictly implemented.

Emotional and mental health

- The education system should help to develop the mental health of school and college students.
- The print media, television, cinema and magazines should bring out programmes that help in developing the mental health of the youth.
- Self-employment opportunities should be increased so that the mental tension caused by unemployment can be removed.

Violence against women

- Compulsory sex education is necessary in schools and colleges.
- Scenes that depict violence and are indecent should be banned from the media. Girls should dress in a culturally acceptable way.
- Strict action should be taken against politicians, caste and religious leaders who use the youth wrongly.

Reproductive and child health and HIV/AIDS

- Compulsory sex education is necessary. Trained teachers should educate children.
- Youth affected with STDs, HIV/AIDS should receive free treatment, but also be made aware.
- Commercial sex work should be banned and such workers rehabilitated.

Smoking, alcoholism and drug abuse

- The evils of drugs should be incorporated into the education system from the primary to the college level.
- While making the current laws against drug abuse stricter, opportunities should be provided for rehabilitating those involved.
- Scenes showing the use of drugs in films should be banned.

Livelihood

- Both Government and private organizations should provide employment opportunities based on the abilities of the youth.
- Many youth have no work opportunities. If the Government with the people's help nationalizes water, many youth will get agriculture-related employment opportunities.
- Based on complete Panchayat-level statistics on employment opportunities, district-level planning should be done and employment and support provided accordingly.

Education

- Reduce the burden of textbooks. Plan according to quarterly, half-yearly and annual portions for all the subjects and bring all subjects into one book for each quarter.
- The Government must appoint adequate teachers for all schools (rural/urban).
- Teachers should be well trained.

Youth in difficult circumstances

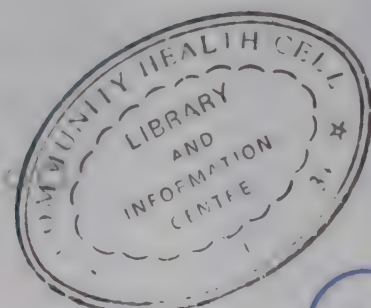
- The 3% reservation in Government and private organizations for the physically challenged must be strictly enforced.
- Strict action must be taken against employers who use child labour.
- Uncared-for children, ragpickers and child labour should be identified and provided health care, employment opportunities and a counselling team to guide them.

VALEDICTORY SESSION

The valedictory address was given by Mr Augustine Sallove, District Sports Officer, Vellore, on 'The current State policies on youth and sports'. He highlighted the Government programmes for developing sportspersons in India. Following the valedictory address, Dr Abel, Head of RUHSA, made the concluding remarks.



09014





State-level Consultation

Bihar

PATHFINDER INTERNATIONAL, NFI, PFI, PACKARD FOUNDATION,
ICRW, CINI, ADITI/PLAN, JANANI

The 3-day Bihar State-level Consultation was held in April 2004. The inaugural session started with a welcome song and dance performed by Ms Saumya, an adolescent girl from Ravi Bharati.

The Chief Guest was Mr Vijay Prakash, Chief Secretary, Government of Bihar. In his keynote address, he expressed concern over the decline in the child sex ratio. He appealed to the organizations working with the youth to deal with problems such as addiction to tobacco and alcohol. He urged them to identify the human potential and creativity of individuals.

A youth festival was organized on day 1. The cultural troupe of Ravi Bharati-Prachar presented two songs spreading message on age at marriage and contraception.

The key message of Dr S.K. Grover, Director, Doordarshan Bihar was to understand oneself. He emphasized self-assessment and self-realization, and stressed the need to take one's own decisions.

A short play titled 'Chidiyo ka chamba' was presented by the cultural team of Ravi Bharati. A debate, poster competition, slogan writing competition, outdoor games, etc. were other activities.

PLENARY SESSION

On day 2, three presentations were given. Mr J.B.P. Sinha, Founder President, ASSERT, was the Chairperson and Dr Geeta Prasad, Coordi-

The child sex ratio in Bihar is 938 and the adolescent sex ratio is 871.

nator, Population Education Cell, SCERT was the co-Chairperson of the plenary session.

Situational analysis: Adolescents/ Youth in Bihar

This presentation was given by Ms Debjani Ghosh, Senior Programme Manager, NFI. It focused on analysis of the National Family Health Survey (NFHS)-II data related to adolescents and the youth in Bihar. The indicators related to age and sex structure, sex ratio, age at marriage and at consummation of marriage, use of contraceptives, unmet and total need for family planning, coverage of pregnant women were presented and discussed.

Adolescent opportunities and challenges

Ms Debjani Biswas, Project Coordinator of Aditi/Plan highlighted the sensitivity of adolescence, the social, psychological and emotional problems, the family pressure on boys to earn and early marriage on girls, even at the cost of education.

Youth-focused reproductive health (RH)/family planning (FP) programme in Bihar

Mr B.P. Mishra, District Project Officer, Prachar Project, Pathfinder International, gave an overview

of the Prachar Project being implemented in the Nalanda, Nawada and Patna districts of Bihar.

Based on the presentations at the plenary session the following questions were raised by the participants.

- What should be the role of parents during the stage of adolescence?
- In rural Bihar, girls are forced to get married at an early age and the environment in the marital home may not be supportive to the use of contraception. What kind of programme should be organized under such circumstances?
- Do the member organizations of the Consortium feel that there is a need to discuss adolescent issues such as alcoholism?
- Is there a need to include a session on nutrition and health of adolescents in the age group of 12–19 years?

The members of the plenary session gave appropriate replies to the questions.

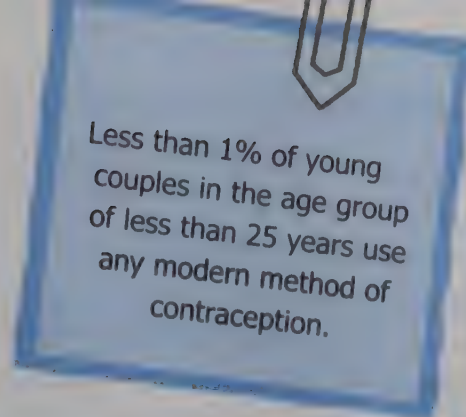
QUESTION-ANSWER SESSION

A 'Question-Answer' session on reproductive and sexual health was organized to answer individual questions. Dr Geetanjali, Consultant and Dr Neeta Jha, Janani were invited to answer the questions.

The questions asked were:

- What are the substances/ways through which AIDS spreads?
- Can *godna* (tattooing) cause HIV?
- Why do some women feel pain in the pelvic region during intercourse?
- Does a man/father know beforehand that the baby to be born would be a male or a female?
- What are the reasons for twins?
- If the uterus is removed through surgery, can it prevent cancer of the uterus?

The resource persons answered the questions in a simple and comprehensible manner.



Less than 1% of young couples in the age group of less than 25 years use of any modern method of contraception.

GROUP WORK ON THEMATIC AREAS

The representatives and adolescents of different participating organizations were divided into four groups to discuss the four thematic areas of the workshop. Each group came up with a set of recommendations.

GROUP ONE: RIGHTS, RESPONSIBILITIES AND EMPOWERMENT OF ADOLESCENTS

Rights of adolescents

- Right to health and education, including sex education
- Right to equality (gender)
- Right to move freely
- Right to decide about age at marriage
- Right to take decisions independently
- Right to select a life partner
- Right to vocational training
- Right to participate in programmes/activities.

Responsibilities of adolescents

- Maintain self-discipline
- Remove illiteracy
- Abstain from addiction and bad habits
- Promote life-skills in children
- Have youth participation at village-level meetings
- Marry only after the age of 21 years in the case of boys and 18 years in the case of girls
- Work towards elimination of dowry
- Actively participate in programmes advocating population control.



Current situation

- Adolescents lead a life full of inhibitions and hesitation.
- The generation gap is widening.
- Marriages take place too early.
- Adolescents lack the freedom to move around.
- The suggestions made and decisions taken by adolescents are ignored.
- There are restrictions to their undertaking any venture/enterprise.

Contributory factors

- Low education level, especially of females
- Orthodox behaviour of parents
- Lack of capacity to take decisions
- Unemployment
- Poor quality of education and infrastructure
- Early marriage
- Dowry system

Strategies

- Sex education in schools, and its inclusion in the syllabus
- Vocational training after matriculation
- Formation of awareness groups to fight against alcoholism and dowry; making parents aware of their responsibilities
- Training for parents
- Capacity-building of Panchayati Raj Institution (PRI) representatives and influential people in the community.

Recommendations

- Adolescents have the right to know the relevant laws about the age at marriage and child abuse.
- Programmes should be implemented to create a conducive environment by removing the myths and misconceptions of family elders and prominent members of the community.
- Training should be provided on leadership skills, personality development, health, nutrition, life-skills, as well as on sex and sexuality and prevention of abuse.

- There is a high unmet need (24.5%) as well as total need (50%) for family planning among young couples (<25 years).
- A majority of deliveries (70.4%) are conducted at home, 65.8% of which are conducted by *dais*.

- Programmes should be implemented for the organization of adolescent and youth groups.
- Informed decision-making by adolescents and their participation in health and development programmes should be encouraged.
- Participation of adolescents in programming, planning and monitoring should be encouraged.

GROUP II: ADOLESCENT REPRODUCTIVE AND SEXUAL HEALTH, AND NUTRITION

Current situation

- Lack of freedom to express feelings
- Discrimination and gender bias
- Hesitation, inhibition, shyness and lack of ability and confidence in decision-making
- Lack of knowledge about contraception
- Lack of awareness regarding HIV/AIDS and repeated abortion
- Lack of opportunities for adolescent girls

Contributory factors

- Male-dominated society
- Prevalence of myths and misconceptions
- Poor state of environmental sanitation and personal hygiene
- Government programmes and schemes not reaching the intended beneficiaries

Strategies

- Increasing the participation of males in various programmes
- Awareness programmes to remove myths and misconceptions
- Joint and collective involvement of parents and the youth

- Raising their voices and registering protest against a problem
- Need to have sufficient knowledge and education on prevention of malnutrition and repeated conception
- Providing moral support to adolescents

Recommendations

- Education on adolescent reproductive and sexual health (ARSH) should be built into the school curriculum for standards VI and VII.
- Community-based intervention programmes providing reproductive health services should be implemented at the village level.
- Involvement of trained peer educators in adolescent and youth health focusing on RH and FP Programmes should be ensured.
- Community leaders should be sensitized on and oriented towards health issues.
- The RH and FP Programmes should be linked with the Integrated Child Development Scheme (ICDS).
- Non-formal education (NFE) centres should be established to conduct bridge courses for school drop-outs or non-schoolgoing children to bring them into the mainstream of education.
- Access to contraceptives and other essential RH and FP products and services including referral services should be improved.

- Lack of access to the employment-guarantee schemes of the Government
- Lack of organized programmes on vocational guidance

Youth participation

- Incapable of self-assessment
- Lack of motivation and commitment among the youth
- The youth get misguided easily
- Lack of involvement of the youth in Government programmes

Cultural changes

- Change in food habits, dress habits, lifestyles
- Myths and misconceptions
- Cultural taboos and attitudinal problems
- Influence of the media
- Problems related to urbanization, modernization and migration

Criminalization

- Poverty and illiteracy
- Lack of opportunities for employment
- Lack of value-based education
- Oppression leading to easy exploitation
- Deteriorating law and order situation

Strategies

- Review of key components of the existing Government policy on education and employment
- Recruitment of teachers on a contract basis
- Group sports and recreation programmes on common platforms to share experiences and disseminate knowledge, awareness and information
- Bridging of the generation gap
- Organization of youth groups and clubs
- Exposure trips and camps for the youth

Recommendations

- Increase the organized participation of adolescents and the youth in village-based microplanning and monitoring of the educational system along with teachers, PRI



GROUP III: ADVOCACY FOR YOUNG PEOPLE

Issues

Education

- High level of illiteracy, especially among females
- Poor quality of education
- Lack of educational infrastructure

Unemployment

- Lack of employment opportunities
- Lack of knowledge and awareness about employment-related schemes

members, representatives of CBOs and NGOs providing educational back-up support to school drop-outs and scholastically backward children with the help of educated children.

- Increase awareness among parents, families and community elders about their responsibility to ensure the education of their children.
- Increase the awareness of and access to Government employment schemes.
- Disseminate information about different Government and other institutional programmes related to empowerment of adolescents and the youth.
- Organize and mobilize adolescents and the youth into groups and clubs, and involve them in different health and development programmes at the village level.
- Develop pressure groups of adolescents and the youth through their increased participation in planning, monitoring and management of health education and development programmes.
- Conduct advocacy meetings, seminars and workshops with political leaders and officials of different Government departments such as health, education, police, youth, culture and sports, etc.

GROUP IV: YOUTH-FRIENDLY SERVICES

Current situation

- Increasing level of addiction to smoking, tobacco chewing and alcohol among adolescents and the youth
- Myths and misconceptions about reproductive and sexual health-related issues
- Lack of sincerity, motivation and commitment of the youth to education
- Absence of role models
- Lack of opportunities and a suitable platform to disseminate information about and learn life-skills
- Seasonal migration to earn a livelihood
- Early marriage of adolescents

Contributory factors

- Poverty, illiteracy, unemployment
- Lack of guidance from schools and family or community elders
- Absence of an enabling environment
- Excessive work pressure
- Lack of a user-friendly curriculum
- Migration
- Lack of information and counselling centres

Strategies

- Create awareness about different services through the newspapers, wall writings and hoardings
- Use peer educators for awareness
- Give priority to female education
- Spread functional literacy

Recommendations

- Establish a network of community-based counselling centres for the prevention of addiction among the youth and establish de-addiction centres.
- Introduce intensive awareness programmes through the community, radio programmes and resource centres by involving peer educators and community influencers.
- Bring into the mainstream uneducated adolescents and school drop-outs through bridge courses at NFE centres.
- Establish training programmes for adolescents and the youth.
- Promote self-employment.
- Form youth pressure/peer groups.
- Improve the linkages, networking and quality of youth-friendly services.
- Ensure access to essential RH/FP products and services.
- Establish referral services for RH/FP and sexual health problems.

RECOMMENDATIONS OF THE WORKSHOP

- Programmes should focus on creating

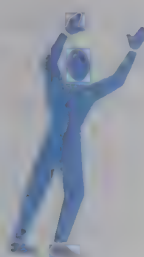
conducive environment both in the family and the community for health, education and development of the youth by orientation and sensitization of family and community elders, leaders and PRI representatives.

- Training programmes should be conducted for leadership and personality development, as well as on issues related to ARSH, nutrition, FP, life-skills and vocational guidance for both school-going and out-of-school adolescents.
- Programmes need to be implemented for organizing adolescents and the youth in groups like Kishori Panchayat, Listeners' clubs, sports clubs, etc. Encourage informed decision-making by empowering them and increasing their participation in community/village-based health, education, environment and development programmes.
- Develop appropriate youth participation mechanisms in programme planning, implementation and monitoring.
- Strategies should be developed to reinforce the training of peer educators and involve them in village-based participatory micro-planning of RH/FP, education and development programmes.
- NFE programmes should be strengthened to introduce bridge courses for school drop-outs and out-of-school adolescents.
- Information, education and communication (IEC)/behavioural change communication (BCC) programmes should be introduced to create awareness among the youth about RH/FP issues, education, vocational guidance and about the facilities, infrastructure, products and services of the different schemes of GOs and NGOs.

- The network of youth-friendly health, nutrition, education, counselling and referral services should be strengthened and the required infrastructure facility provided.
- Advocacy meetings, seminars and workshops need to be conducted with political leaders and officials of various Government departments such as health, education, police, youth, culture and sports.
- A network of community-based counselling centres should be established for the prevention of addiction in adolescents and the youth, as well as de-addiction centres for the management of addiction.
- Interdepartmental and intersectoral coordination is required at the State and Central levels, which will strongly influence the National Youth Policy.
- Different programmes focusing on adolescents and youth-related issues such as health, education, nutrition, addiction, employment, income generation, shelter and development implemented by GOs and NGOs should be coordinated to optimize their effectiveness and efficiency.

VALEDICTORY ADDRESS

The presentation of the group report was followed by the valedictory address by the Chief Guest, Mr Sunil Kumar Singh, Secretary, Art, Culture and Youth, Government of Bihar. He said that no programme for the youth can succeed without their involvement. Mr Singh also stressed on the need to have interdepartmental and intersectoral coordination to discuss these issues at the State level, to influence the National Youth Policy.





State-level Consultation

Jharkhand

PACKARD FOUNDATION, PFI, NFI, CINI

The Child in Need Institute-Adolescent Resource Centre (CINI-ARC) took the initiative in bringing together organizations and institutions working with young people on various issues including mental health, trafficking, violence, human rights, education, etc. in a State-level Forum of NGOs on young people. Young people themselves are a part of this Forum.

CINI hosted the State-level Consultation (SLC) for Jharkhand to broaden the Forum's learning and contribute to the National Consultative Meeting of the National Consortium for Young People and to the advocacy efforts for adolescents and the youth. A three-day workshop was held in Ranchi in April 2004. The members of the Jharkhand SLC included the Packard Foundation, Population Foundation of India (PFI), NFI and CINI.

OBJECTIVES

- To review the State-level policies and programmes pertaining to young people's sexual and reproductive health and rights (SRH&R), promoting and strengthening intersectoral coordination, addressing the gaps and loopholes through collective action at the national level
- To build a broader advocacy forum with regard to young people's issues, involving more NGOs and the Government
- To gain from each other's experience and skills, and document learning, best practices and experiences

- To use the forum as a platform to bring about positive changes in the behaviour of service providers and young people themselves through advocacy

EXPECTED OUTCOMES

- To create a space for open discussion on issues related to the health and development of young people
- To bring forward the concerns (evidence-based) and measurable indicators of young people's health and development with a focus on reproductive health
- To identify and document (evidence-based) promising practices/strategies to address the challenges encountered
- To identify the gaps between policies/programmes and promising practices; outline policy and programme recommendations to address the needs of young people
- To review all national- and state-level documents pertaining to health and development of the youth
- To create a pressure group of young people

Experience sharing brought to the fore best practices that can be imbibed in future plans of action, gaps in related national-level policies, young people's inputs towards developing programmes as per beneficiary needs, and collaborative partnership with Government counterparts towards holistic and sustainable implementation of the youth programme. An action plan for a Reproductive and Sexual Health (RSH) Programme for young people in Jharkhand

was derived from the 3-day proceedings, which was unanimously accepted for presentation to the National-level Consultation in Delhi.

INAUGURAL SESSION

Mr Debashish Sinha, Unit Coordinator for CINI-Jharkhand, welcomed the Chief Guest, panelists and participants. He spoke on the objectives of the SLC meet. Mr Parvez Hayat, IPS, DIG-CID, Jharkhand was the Special Guest for the day. He spoke on the rising crime rate among the youth, emphasizing the impact of the youth on the society and nation. The increasing child drop-out rate, land management crisis in rural areas, drug peddling, child trafficking, rising number of unwed mothers and illegal migration of labour were prevalent social evils in the country. Coordinated efforts should be made by the Government and NGOs towards effective interventions in these areas.

TECHNICAL SESSIONS

Technical sessions on 'Adolescent reproductive and sexual health' were held. Dr P. Suranjeen Prasad (PFI-Jharkhand) presented the findings of a situational analysis of young people's problems in Jharkhand. He mentioned that in Jharkhand, adolescents, who comprise 30% of the population and among whom 48% are illiterate, get married at the age of 13-16 years. They primarily engage themselves in migratory labour and have been found to practise pre-marital sex, consequently leading to unwanted teenage pregnancies and abortion. The urge to get sexually active was attributed to various factors such as peer-group pressure, sexual exploitation, school drop-out, pornographic films, etc. Despite knowledge and awareness of safe-sex practices, unavailability of condoms and an adolescent-unfriendly health delivery system hindered the process of implementation of such practices. This revealed the need for Youth Reproductive and Sexual Health (YRSH) projects in the State.

Preceding the presentation, youths representing various divisions of Jharkhand put forth their views on the lack of proper information on RSH issues, which leads to misconceptions and myths. Thus, it was felt that the same should be compulsorily included in the school curriculum. Information dissemination through the colloquial mass media was suggested as an effective reach-out strategy among out-of-school youth. Consent of parents and their understanding of the issue was also highlighted as an important aspect of implementation of the YRSH Project.

The chairperson for the ensuing session, Dr R.K. Rai (CMO, HEC Plant Hospital), invited Dr Jenny Jha of the YMCA and Dr Ulka Singh (PRO, HEC) to give their views on 'Youth aspiration and leadership'. Asking the youth to come forward and play an active role in shaping their own future, the speakers emphasized the need for a holistic RSH programme to address their unsolved queries. Dr Rai informed them that only self-leadership can lead one to one's goals and that the youth need to identify them and channelize their energies in constructive leadership.

FOCUS GROUP DISCUSSION

Focus group discussion was the final event on day one. The three key areas that emerged for discussion were: Emotional health, youth-friendly service delivery system and youth involvement in programmes.

Emotional Health

The family and society should understand the thinking and feelings of young people, especially adolescents, as the experiences of this phase of life play an important role in shaping the overall personality of the individual. In most cases, there are so many negative forces and bindings on young people that these are detrimental to their overall development and progress. They should



be treated with dignity and provided with a friendly atmosphere to achieve productive results for the community as a whole.

Youth-friendly Service Delivery System

The need for quality and an accessible, youth-friendly service delivery system emerged. The service provider should have technical competence and a thorough understanding of the issues pertaining to confidentiality and sensitivity. Before designing the service delivery programme, a needs assessment with the youth should be ensured because the needs might differ from place to place and from time to time.

Youth Involvement in Programmes

The lack of youth involvement in designing, implementing, monitoring and evaluating programmes on issues related to young people was emphasized. The group stressed that young people should be involved in all stages of programme formulation and implementation. The need for a network/forum of young people to contribute to this kind of work was also emphasized. This forum would provide a platform for sharing experiences and act as a collective voice of young people, taking forward their concerns to policy-makers and programme implementers.

ISSUES, CONCERNS, POLICIES AND FUTURE PLANS OF THE JHARKHAND GOVERNMENT

This was the first session on day 2 chaired by Dr Rajiv Arun Ekka, IAS, Project Director, JSACS. He mentioned that the two most effective steps to address the root cause of the prevailing social problems are the two-child norm and birth spacing.

Representatives of CARE-Jharkhand Unit, PFI and NBJK spoke on their respective projects'

intervention with the youth. Chayan—CARE-India's Prevention and Management of sexually transmitted infection (STI)/HIV/AIDS and Birth Spacing Project—involves unmarried and in/out-of-school/college youth 15–24 years of age, as a primary stakeholder group. The intervention package includes generation of awareness on responsible sexual behaviour through development of life-skills and prevention of STI/HIV. Implemented in the Integrated Child Development Scheme (ICDS) catchment area through a 'demonstration to replication' approach, the project emphasizes capacity-building, effective behaviour change communication (BCC) towards demand generation, and social marketing towards service delivery. Collaboration with Government counterparts was cited as the prime component for sustainability of the project.

Dr Sayyad Iqbal Hussein, State RCH Training Officer, elaborated on the GoI's RCH Project, which primarily comprised maternal and child health components, involvement of males and information dissemination on RCH programmes.

PFI, in its presentation on 'Adolescent health and development: Review of policies and programmes', comprehensively highlighted the lacunae and loopholes in national policies on social development and the exclusion of adolescents in all the policies until recently. Defining the term 'policy', the presenter reiterated the lack of a gender and rights perspective in national policies, and briefly reviewed the National Health, Education and Youth Policies. The presentation brought out the immediate need to collate adolescent and youth components in all concerned policies to devise a comprehensive YRSH Project for Jharkhand.

NBJK depicted the current RSH scenario in urban and rural (tribal) communities. Menstrual problems, premarital sex, unwanted pregnancy, lack of awareness, migration, orthodoxy and the prevalence of RTI/STI were cited as some of the

many serious issues to be addressed among adolescent girls. Issues of concern among tribal/rural adolescent boys that require immediate attention are addressing myths and misconceptions on masturbation, nightfall, and signs and symptoms of RTI/STI; lack of awareness; viewing of pornographic films; migration for work; premarital sex; and inducing unwanted pregnancy and its consequent issues. Intensive involvement of all stakeholder groups and the Government was considered important to address the above issues.

Focus Group Discussion

The participants were divided into four groups and each group was asked to design a block-level project plan for a YRSH programme. The groups started with developing conceptual clarity on the topic. This was undertaken by encouraging the youth to express their understanding. Issues related to implementation of the Adolescent RSH Programme were brainstormed by the groups and put on paper. The ideas on participatory approach, stakeholder involvement, particularly the Government, development of BCC in the colloquial language and incorporation of the ARSH component in the school curriculum were the most discussed. It was felt that to sustain such a programme, establishment of an adolescent-friendly health centre in the villages would be desirable. The centre would primarily be managed by the peer educator; information on ARSH, information, education and communication (IEC) materials, contraceptives, counselling and referral services were expected to be the core points of functionality. Adolescent-friendly health services by Government Health Centres and counselling of health service providers on RSH sensitivity were also identified as issues of concern.

BEST YRSH PRACTICES

The post-lunch session on day 2 was about

some of the best practices on YRSH being implemented in Jharkhand by various NGOs. This session brought together the experiences of CARE-Jharkhand, Tata Steel Family Initiative Foundation (TSFIF), Manthan and Bhartiya Kisan Sangh (BKS). CARE-Jharkhand presented its RACHNA Programme. Areas of technical intervention comprised mother and child nutrition, prevention and management of RTI/STI/HIV/AIDS, and birth spacing. The best practices identified and implemented for the Chayan youth component were the peer educator approach, formation of community stakeholder groups and establishment of youth resource centres.

TSFIF made a presentation on its 'Youth access to reproductive health services in India' (YARS) Project. Covering a wide range of RSH issues, the Project addresses these through the following practices: Parents and youth involvement, peer-educator/peer-couple approach, effective service delivery provision through a community-based distribution (CBD) system and pre/post wedding ceremonies. The above practices have holistically addressed the needs of the youth in the community.

Manthan, in its presentation on 'Community Communication', projected the role of communication and the mass media in disseminating information for social development. Detailed analysis of the perspective of communicated messages is essential for developing effective communication strategies.

BKS presented issues related to child trafficking and sexual exploitation. The presenter emphasized registration of all migrant workers from each village or community to keep a track of girls moving out of their locality in search of jobs and falling prey to sexual exploitation. This presentation drew various queries from adolescents on rehabilitation of rescued girls, funding crisis and related issues.



A feedback session was arranged to derive inputs from the youth on the two days' proceedings. The youth unanimously agreed to share their views at a large forum. They were of the opinion that a State-level youth forum should be formed to provide a platform for youth interaction. Initiatives for income-generation activities were also cited as a requisite component for an effective YRSH Programme.

EXPERIENCES OF GRASSROOTS-LEVEL ORGANIZATIONS

The final day of the Consultation captured experiences from grassroots-level organizations implementing youth projects. The session was presided over by Mr Ashok Bhagat, President, Vikas Bharati. He voiced his opinion on the changing times and the importance of working on youth issues for shaping a bright future for our country.

Network for Enterprise Enhancement and Development Support (NEEDS) emphasized the need for women self-help group (SHGs) for information dissemination. Mention was also made of the use of multimedia as an effective IEC strategy. KGVK presented some statistics on the demography of adolescents. Increase in the number of adolescents in the total population count, increased rate of abortion as a consequence of unwanted adolescent pregnancies and a high unmet need for family planning were a few. Gender socialization, illiteracy, school drop-out, unemployment, early age at marriage and dowry were some of the reasons attributed to the stark demographic indices. These issues are primarily addressed through information dissemination among women and adolescent SHGs.

Basti Vikas Manch (BVM), through its intense community involvement initiatives, presented its four-pronged approach—formation of SHGs, health, education and community development initiatives—to community development.

Phooleen presented 'Work strategy and methodology on reproductive sexual health with adolescent groups'. The presentation comprehensively depicted the changing trend of Family Welfare Programmes implemented by the GoI since 1951 and the demographic indices of reproductive health.

Ms Moi Lee Liow of the International Council on Management of Population Programmes in Malaysia (ICOMP) shared her experiences of youth programmes in the Philippines and Zambia, citing a case study for each. She mentioned that health ranks above money and one needs to work towards a healthy future for all. Her message to the male youth was to respect females and support them in their endeavours. She cited partnership, resource mobilization and an influential person or group as a champion to influence project implementation as the three most important lessons for youth programmes.

ACTION PLAN FOR IMPLEMENTING THE COMPREHENSIVE YRSH PROGRAMME IN JHARKHAND

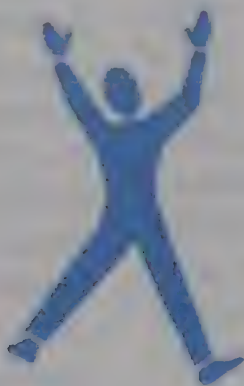
The following points of intervention were culled from the 3-day SLC and recommendations were made to develop an Action Plan for implementing a comprehensive YRSH Programme in Jharkhand.

- Collate the youth component in all concerned national policies for social development and programmes implemented by various departments of the State Government to derive a comprehensive YRSH Programme for Jharkhand.
- Form a State-level NGO network to work on issues of the youth with representation of the concerned Government Departments.
- Form a State-level Youth Forum to provide a platform for the youth in the State to voice their opinions on various issues related to their holistic development. The Forum would

also act as a pressure group to advocate their views to concerned stakeholder groups. Sensitize stakeholder groups on YRSH issues such as counselling, sensitivity in service delivery provision and gender issues. Programmes should be implemented through Village Health Committees (formed under the Jharkhand Government's Health Policy implementation plan) and structures should be set up in urban areas.

Concluding session

Mr Debashish Sinha said that initiatives to establish a Satellite Resource Centre in Jharkhand are being under-taken with continuous support from CINI-ARC. Young people would hold key responsibilities at the Centre, which will cater to specific needs related to the development of BCC materials, documentation of best practices and dissemination of learning to other NGOs.



Rajasthan

CHETNA, URMUL, PLAN-INDIA

This four-day Consultation was organized in April 2004 in which 217 people comprising 120 young girls and boys, 97 representatives from NGOs, Government representatives, National Service Scheme (NSS), Nehru Yuvak Kendra (NYK) representatives from 18 districts of Rajasthan participated. In addition, four young men from CASP-Plan, Delhi and two young men from Navin Shiksha Sadan, Gwalior, Madhya Pradesh participated. CHETNA facilitated the State-level Consultations (SLCs) in the States of Rajasthan and Gujarat.

METHODOLOGY

The Consultation focused on three broad subjects:

- Youth and Education
- Youth and Health
- Youth and Social concerns

Each topic was further divided into sub-themes and dealt with in a systematic manner such that the required input, sharing of experiences/promising practices, concerns and gaps in the current policies and programmes and recommendations were presented for debate and discussion.

Objectives of the Consultation

- To provide a platform to the youth to express their concerns, and ensure optimum participation at the national conference
- To reflect on the local issues and share experiences and promising practices
- To empower the youth to inform policy-makers

PROCEEDINGS

Ms Minaxi Shukla, Deputy Director, CHETNA, gave a brief introduction and the background of this SLC. She said that this consultation is under the umbrella of an alliance known as *Young People: Towards a healthy future*, which is of the youth, for the youth and by the youth. Dr Kanta Ahuja, former Vice Chancellor, Rajasthan University, inaugurated the Rajasthan SLC.

YOUTH AND EDUCATION

School system: Access, quality and drop-out

In Rajasthan, the literacy level is extremely low, the enrolment rate is low and the school drop-out rate is high. Lack of basic facilities such as middle school at the village level, drinking water and toilets, lady teachers, etc. affect the retention of children in schools, especially girls. It was recommended that:

- Mainstream education should be practical and useful.
- Quality education, which can build the character of an individual and the nation, should be available to all children.
- Parents and family members should participate activity in education.
- Reproductive and sexual health education should be integrated.
- Education should be practical and imparted in a creative manner, so that individuals become self-reliant.

Education of girls

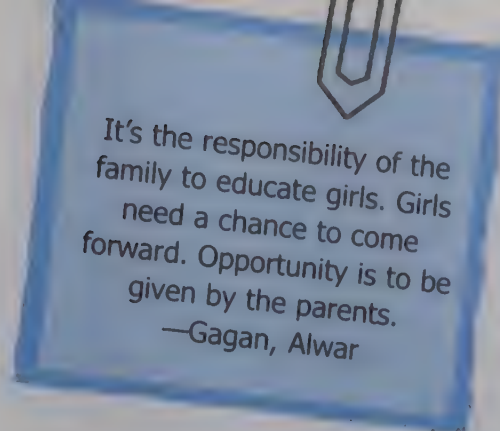
Gender discrimination in the family and society, social insecurity and poor access to schools in Rajasthan were identified as key factors for the low rate of girls' enrolment. Other reasons were lack of awareness and information in the society, child marriage, discrimination due to caste and religion, lack of required guidance and counselling. The following were recommended:

- Create awareness to change the social mindset, reduce gender discrimination, and remove myths and bad customs from their roots.
- Encourage girls' participation by providing opportunity for quality education.
- Provide useful life education with vocational skills and employment options.
- Teachers should guide and counsel parents to motivate them to educate their girls.
- Provided basic facilities such as toilets, drinking water, etc. at each school to encourage girls to attend school.
- Sensitize the media and ensure that they carry relevant stories.
- Enforce the Act against Child Marriage strictly and empower girls to be self-reliant and confident.

Education and livelihood

The discussion started with a question: What kind of education should we have? The group made the following recommendations:

- Education should be based on livelihood skills.
- Education should be based on rural India and traditional occupations should be linked with formal education.
- Expenses on higher education and vocational training should be made reasonable.
- Primary education is the base of all education, so it should be given top priority.
- Appropriate budget allocations for education should be made by the Government and policy-makers.
- Skills migration should be controlled and policies made to ensure this.



- Equip and enable each child to be able to work in their own field of interest.
- The family should identify the child's interest, and encourage them to come forward with their strengths and interests.
- Teachers should provide timely career counselling to students.
- The Government should give more opportunities for employment to the youth through their policies.
- Various organizations should include vocational training for the youth in their programmes.

Life-skills education

The topic was new to the group and efforts were made to understand it. The following recommendations were made:

- Incorporate life-skills education in the mainstream education system.
- Train teachers to impart life-skills education.
- Develop an understanding regarding life-skills within the society and family.
- Enable, encourage and create a conducive environment for the youth to take their own decisions.

YOUTH AND HEALTH

Nutrition

The group discussion centred around various issues such as nutritious food, malnutrition, anaemia, etc. The group arrived at a consensus that nutritious food and iron-based food items are essential for an adolescent girl because she is the future mother and her nutritional



requirements are higher. The group recommended the following:

- Sensitize and educate families and community members regarding the nutritional needs of girls and women so that there is no discrimination in food, especially for adolescent girls and pregnant mothers.
- Make efforts to grow green vegetables/fruits in desert areas and provide loans to cultivate food crops.
- Make policies that would lead to a cost reduction in fruits and vegetables.
- Inform and train teachers to educate and motivate students to eat nutritious food and improve their eating habits.
- Farmers should be trained to grow low-cost crops to make fruits and vegetables easily available.

Reproductive and sexual health

There was an in-depth discussion on this subject. The majority said that they neither had the right information, nor did they know where and how to get answers to their questions. Teachers felt embarrassed to answer these. They suggested the following:

- Reproductive and sexual health should be incorporated in the mainstream curriculum.
- Teachers and guardians should be especially trained in reproductive and sexual health.
- Counselling centres should be established at hospitals for the reproductive and sexual concerns of the youth.
- Coordination should be built between the media and health organizations to promote health education and information.
- Addiction-related laws and procedures should be known to the youth. Information on de-addiction centres within the Government and NGOs should be available to the youth.
- Life-skills education promotion should be ensured, especially against drug abuse.
- Parents should be equipped to provide the right information to the youth at the right age.

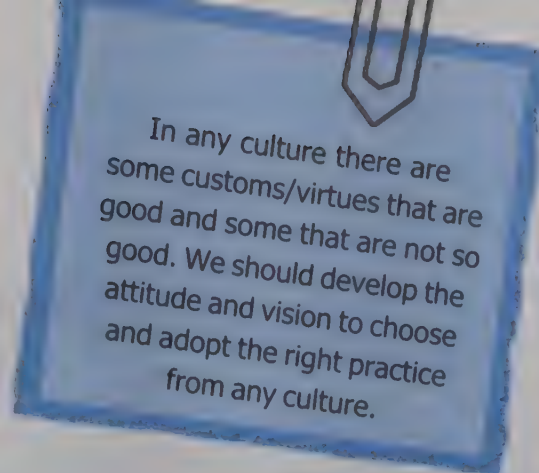
Seventy-five per cent of our country's livelihood depends on agriculture, so agriculture should be one of the compulsory subjects till higher secondary level so that the youth of India can understand the facts and learn skills related to agriculture.

- Teachers should be enabled to provide the required information to adolescents and meet the needs of the youth.
- NGOs should come forward to impart information on reproductive and sexual health and rights.
- Mothers-in-law and daughters-in-law should be given knowledge and information on reproductive and sexual health rights.
- Peer educators should be trained.
- Open discussions should be encouraged among mothers, fathers, the youth and adolescents, friends and teachers.
- Counselling centres and youth-friendly health services should be promoted.
- Libraries should be opened in villages where such topics can be read and discussed openly.

Emotional and mental health

Emotional health is a subconscious state which does not have symptoms like other diseases, but every aspect of our life depends on emotional and mental well-being. Adolescence is a transitional age where there are both physical and emotional changes. The group recommended the following:

- The youth should be equipped to develop control over their emotions, have a positive attitude, self-confidence and dedication to a cause.
- Parents and the family should understand the needs of adolescents, give importance to them and ensure that they have the freedom to express themselves.
- Counselling centres should be established for the youth.
- Youth-friendly health services should be established.



In any culture there are some customs/virtues that are good and some that are not so good. We should develop the attitude and vision to choose and adopt the right practice from any culture.

- Linkages should be built between the rural and urban youth.
- Capacity-building of the youth should be undertaken to make them independent.
- Ensure a place for the youth to express their views and thoughts.
- Encourage youth forums at the local level.

YOUTH AND SOCIAL CONCERNS

Dowry and eve-teasing

The group suggested that girls be empowered and equipped by teaching them karate, developing physical strength and the courage to handle difficult situations. *Operation Garima* has been launched in Jaipur city to control eve-teasing. Its effect will be seen in the future.

Ms Aparna Sahay said that dowry is a very complex subject. Due to societal pressure and emotional bondage with her parental family, a woman does not get a share of the parental property in spite of an Act specifying equal right to the property. The dowry is taken away by the husband and in-laws. Ultimately, the woman is deprived of any property.

Political concerns

Ms Preeti Oza facilitated this session. Mr Prem Kishan said that to have a smooth political system, the youth would have to intervene. Mr Nikhil, Kisan Mazdoor Sangh, interacted with the group in a question-answer session. The session helped to create an understanding regarding clean and honest politics among the participants and they pledged to be active leaders.

Social concerns: Recommendations

- Create awareness to bring about change in the mindset of society and have strict laws against gender discrimination.
- Laws should be strictly followed against sex determination and female foeticide.
- To prevent eve-teasing and sexual abuse there

should be behavioural change at the personal level and the Government should take strict action against culprits.

- To make travel easy and safe, the Government should provide separate sections for women in buses.

SUMMING UP

The Consultation was successful in enhancing clarity and initiating a thinking process on the various issues concerning young people, as well as the need to further strengthen adolescent forums at the state and district/block levels. A clear understanding was developed on the Government's perspective about the youth, current policies and programmes, scenario on youth and adolescent issues and recommendations were formulated.

FUTURE PLANS

The participants—the youth and adults—worked in groups to develop future action plans. The plans mainly focused on sustaining the tremendous momentum this Consultation had been able to create, formation of adolescent/youth forums where they are not available, organizing Balika shivirs and other activities with total involvement of the youth. Networks could be built at the district and block levels with formal and informal organizations, schools and colleges that had not been able to participate in this SLC, to initiate the thinking process for future generations and take forward their concerns in a dynamic manner.



Gujarat

CHETNA

A total of 170 young girls and boys, 32 non-governmental organizations (NGOs), representatives from 27 organizations of 15 districts of Gujarat participated in this Consultation. There were 12 resource persons as well as representatives from the Government and funding agencies.

The age of the participants ranged from 10 to 20 years. For many of them, this was the first exposure of its kind in terms of being away from home and also being part of such a large peer gathering. The participants came from different socioeconomic backgrounds and were a mix of those who had received both formal and informal education, including school drop-outs.

PROCESS OF THE CONSULTATION

CHETNA adopted the following steps for the SLC:

1. *Development of a Core Group:* A group of NGO representatives, young people, adolescents and CHETNA representatives was formed, who facilitated the process of planning and organizing the Consultation.
2. *Selection of the key NGOs:* The NGOs working in different geographical areas, with experience in working with young people and addressing diverse issues were brought together on one platform to discuss the issues of young people.
3. *Selection of the participants:* Efforts were made to enlist active participation of adolescent girls and boys. Representatives of

NGOs, researchers and academic institutes were also invited. Concerned Government representatives were invited from the Department of Health and Family Welfare, Department of Women and Child Development, Social Welfare Board, Department of Youth Affairs and Sports, Department of Education and Culture, etc. to discuss the issues of young people from diverse perspectives. Media representatives were also invited to ensure widespread coverage. Apart from these, funding and international agencies (MacArthur Foundation, UNICEF, UNFPA, UNESCO, etc.), health care personnel and counsellors from NGOs/GOs were invited. Efforts were also made to ensure the participation of parents and teachers, as they are immediate and crucial stakeholders influencing young people at homes and schools.

Making the young people responsible

To provide hands-on skills to the participants on programme management, right from the inception of the Consultation, various responsibilities were handled by a young team of volunteers from the National Cadet Corps (NCC).

Management committees of young participants were formed and different responsibilities were distributed. The young persons from the NCC took the lead in providing guidance to these committees. These committees took on the

responsibilities of registration, exhibition, stage management and facilitation, cleanliness, food, accommodation, time-keeping and cultural activities.

Youth polls were conducted on various issues. The results reflected the points of view of the young people. Yoga and meditation, cultural activities and creative workshops were a part of the consultation. Information-sharing was done through exhibitions, display of health messages and games.

Small group discussions

Each group discussion was summarized into three types of suggestions:

- What can the youth do?
- What can the community do?
- What can the Government do?

ORIENTATION

Dr Hingu, Director, Examinations, explained the initiatives taken by the Gujarat Government to improve the existing education system. It included taking strong steps to curb corruption in the examination system. Innovative efforts are being made at various fronts, such as using grades to evaluate the performance of students. The District Primary Education Program (DPEP) is introducing a night class in secondary schools to provide skills training to adolescents.

Dr Kranti Vora, Gynaecologist and IPD Consultant, UNFPA, emphasized the importance of knowledge among young people with regard to their own body, the changes that occur during adolescence, sexually transmitted diseases and contraceptive methods. Young people need to be made aware of and empowered to exercise their rights. Question boxes needed to be introduced in every school, where students have the freedom to ask any type of question. Moreover, counselling services should be made available to adolescents to guide them on sexual and reproductive health.

Women need to be aware
of their rights to fight
against violence.

—A young participant

Ms Pallavi Patel, Deputy Director (WHDRC), CHETNA, discussed the various social issues and factors contributing to their overall development of young people's health and development in the life-cycle approach.

YOUTH: EDUCATION, CAREER AND LIVELIHOOD

The issue was further divided in two broad sub-issues of Formal and Non-formal education.

Formal education

Ms Meenaxi Shukla, Deputy Director (CRC) CHETNA, initiated the discussion with statistical information of the prevailing educational status of young people and the importance of formal education as a developmental need.

- Girls have to get married and go to another house.
- There is poverty and gender discrimination.
- Girls have a poor social status.
- Villages have schools only till the primary level and girls are not allowed to go for further education.
- They have household responsibilities as well as responsibility for younger siblings.

Non-formal education

Mr Lakshmanbhai Awaiyaa, Director, Department of Adult Education, Gujarat Vidhyapith, shared his views about the informal education system, which is an effort at mainstreaming students who have dropped out from the formal system of education. Efforts are being made through different organizations—Indira Gandhi National Open University, National Open

School, Gujarat Gram Vikas Sanstha—to bring such students back into the mainstream.

Ms Manda Patel, Project Leader, Mahila Sankal, Centre for Entrepreneurship Development (CED), Ahmedabad, emphasized the importance of vocational skills training for young people. Adolescents need to be provided entrepreneurship skills to be self-sufficient and independent. To support this, there are bank schemes which provide financial support

Group discussions

Group I: Formal education system

The focus of the group discussion was on evaluating the existing system of education, which is primarily theoretical and fails to equip young people with practical life-skills. Existing vocational skills training needs to be tailored into the curriculum, along with sex education. Young people shared that most of the time the providers of education were insensitive to these issues. The methodology of imparting education also needs to be made youth-friendly and interesting.

Group II: Non-formal education system

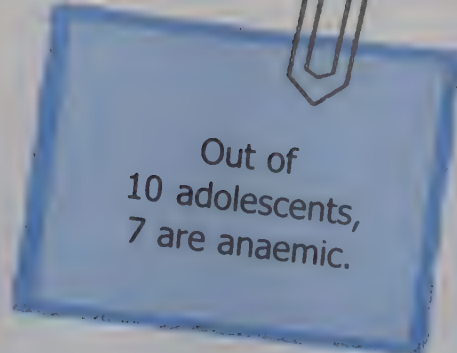
In this group, sharing was done by NGO representatives. Through informal education, young people can be imparted life-skills and health education. Life-skills education enhanced decision-making and confidence among young people. It was felt that reproductive health information should be provided in an interesting way, i.e. an informal discussion can be conducted in villages. It was suggested that mobile libraries should be introduced at the village level and young people should be trained in managing such libraries.

RECOMMENDATIONS

Youth and formal education

- The education imparted should be life-skills

- based. This means that the students' capacity to take responsibility and decision-making is enhanced. The school syllabus and methodology should be so designed to aid such qualities.
- The school syllabus should include information on reproductive health. Teachers should be sensitized to conduct these sessions confidently. The sessions should also include the concepts of sharing and caring among partners.
- At present, education is free of cost till the 7th standard. The Government should now provide the education free of cost till the 12th standard.
- According to the *Human Development Report 2000*, the State's education budget is 23%, of which almost 80% is spent on higher education and around 2%–3% on primary education. A larger budget should be allocated to this sector to improve its quality to attract the best talent for primary education.
- Each school should have the basic infrastructure such as a building with adequate rooms, toilets, water, electricity, library, playgrounds, appropriate toys and games.
- Strict disciplinary action should be taken against teachers who have any addiction such as smoking, tobacco-chewing, *pan masala* or liquor, etc. and also against those who neglect their teaching responsibilities to indulge in private tuitions.
- A special programme should be designed and implemented for mentally challenged children to bring them into mainstream.
- At present, many villages in the State have only primary schools. Children have to travel outside the village by bus or means of other transport. The problem becomes compounded because the majority of drop-outs are girls. They have the added problem of safety. To overcome these constraints, alternative arrangements should be made to transport children from remote villages to secondary schools or the Government should consider opening secondary schools in such villages through public-private partnership.



Youth and non-formal education

- There are three major issues regarding vocational education (i) creating awareness among the public, especially among the youth; (ii) the locations for such centres (at present they are mainly concentrated in urban areas); and (iii) the poor quality of such education. Therefore, the Government should address all the three issues by arranging appropriate and adequate vocational education for young people in convenient locations.
- Each of these vocational centres should be housed with necessary equipment, materials for the course and, as far as possible, the training conducted should be imparted by locally available trainers.
- To encourage and facilitate the reading habit of young people who are in the informal sector, a mobile library should regularly visit mutually convenient locations.

- There is high rate of anaemia among young people due to inadequate and poor eating habits in both rural and urban areas.
- Girls need more nutrition, especially foods rich in iron due to loss of blood during menstruation.
- Poor nutrition reduces immunity and enhances vulnerability to diseases.
- Young people tend to get negatively influenced by the media.

Mental, Emotional Health and Drug Abuse

Dr Darshan Shah, a psychiatrist from Ahmedabad, shared his views that adolescence is a phase when the individual experiences many emotional and mental changes, hence is susceptible to mental disturbances and stress. When young people are not provided with correct guidance and support, they tend to get into addiction and drug abuse.

Youth: Reproductive and Sexual Health

Dr Rajal Thakkar, Gynaecologist, Assistant Professor, V.S. Hospital, Ahmedabad, discussed the physical changes that occur during adolescence in both girls and boys. The reproductive systems, processes of menstruation and conception were explained in detail. She also talked about sexual health and hygiene, reproductive tract infections (RTIs)/sexually transmitted infections (STIs) and HIV/AIDS.

Gujarat AIDS Prevention, an NGO in Ahmedabad, shared its experiences. Abortion was also discussed and how it is viewed as a social problem. It was emphasized that to reduce health problems among young people, they need

YOUTH AND HEALTH

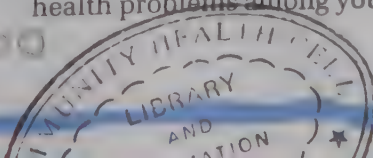
Young girls and boys face many risks pertaining to their physical, mental, emotional and sexual health. They receive inadequate information, guidance and services to help them negotiate the difficult passage to adulthood. Hence, youth and health is a major issue of concern.


Youth and Nutrition

Dr Shubhda Kanani, Director, Aarogya, an NGO based in Vadodara, oriented the participants on the issue of youth and nutrition. The following important points were discussed:

- Nutrition is essential in the entire life-cycle, especially during early childhood when the child is developing physically and mentally.
- Eighty per cent of development of a human being takes place till 15 years of age in girls and till 18 years in boys.
- During adolescence, nutrition is even more important, as it is the period of the second growth spurt. Nutrition that was missed out during childhood can be compensated for during this phase.

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to be sensitized about their sexual and reproductive health, and regarding available health services.

RECOMMENDATIONS

Nutrition and Rights

- The existing government's Integrated Child Development Scheme (ICDS) should broaden its scope to include adolescents in difficult situations. In addition, special schemes should be introduced for the girl child, which will take care of her nutrition during her pre-adolescent and adolescent phases of her life.
- The Government is at present concentrating its efforts on promoting a balanced diet for pregnant women. Besides this, the Government should now actively promote the concept of balanced meals for young people.

Emotional, Mental Health, Drug Abuse and Rights

- The present education system takes care of the physical and intellectual development of the young people. There is no emphasis on emotional development. Therefore, different activities that promote the emotional development of students should be included in the school syllabus.
- The Government should introduce yoga and meditation classes which should be made mandatory for students in schools and colleges.

Emotions get disturbed when

- a person is dependent, disappointed and depressed.

Emotions fluctuate when

- a person is extremely indifferent, euphoric, angry/helpless or anxious and tense.
There are mood swings.

To maintain emotional balance

- a person needs to establish a balance between feelings, thoughts and action.
-

Reproductive, Sexual Health and Rights

- Each village should have a special clinic for young people, which can take care of their medical queries and treatment.
- Each school should have a counselling centre with effective counsellors who can take care of the emotional needs of the young people.

YOUTH AND SOCIETY

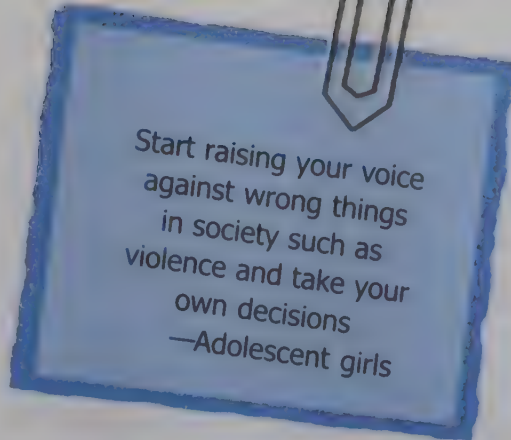
This issue was further divided into two sub-issues: Youth and violence, and Adolescents in difficult situations.

Youth and Violence

Ms Trupti Shah, Director, Sahiyar, an NGO based in Vadodra, initiated the discussion. The reasons why violence occurs were unequal power relations, gender discrimination and poor social status of women in society. Sex-selective abortion due to male preference, early marriage, early childbearing are also some forms of violence towards young girls. It was emphasized that there was a need to create social sensitivity and build capacities among the women to fight against violence.

Participants shared many of their experiences and raised concerns about violence, especially in the case of rape. It was felt that because of the social stigma attached to it, many a time it goes unreported and also when it is reported, the kinds of social and legal harassments that the girl has to face, discourages most girls/women to seek justice. Therefore the vicious cycle of injustice perpetuated.

Many girls are subjected to violence in their daily lives and have accepted it as their fate. They generally feel that they have no option available because they are not economically independent and lack adequate social and emotional support. Although there are laws against violence in the marital home, there is no law against violence



Start raising your voice
against wrong things
in society such as
violence and take your
own decisions
—Adolescent girls

in the parental home. Quite a few girls are not supported by their parents if they are subjected to violence in their marital homes.

Girls need to be trained in self-defence. They also need a heavy dose of self-respect instilled in them. This could be achieved by bringing them up well. There is also a need to have more government schemes to encourage education among girls so that they can be socially and economically independent.

Adolescents in Difficult Situations

Ms Beena Parmar, Superintendent, Odhav Juvenile Home, Ahmedabad, shared her observations about adolescents in difficult situations who are sent to the juvenile homes. They are socially isolated adolescents or those who are in conflict with the law. During their stay, efforts are made to make them emotionally and mentally stable through counselling and other recreational activities. Rehabilitation programmes are also provided in which vocational training is given to them.

Experiences related to young people on the streets, child labour, girls in prostitution, and those in conflict with the law were discussed. Two major issues emerged: one was that of security and the second was rehabilitation services for these children.

Though the Government has made many provisions by providing shelter homes for such adolescents, the conditions of such services need to be improved by including more effective educational, vocational and recreational services. This would help these young people to become independent and motivate them to have a dignified future after they go out in society. Social sensitization efforts should be made to remove the stigma attached to young people living in difficult situations.

RECOMMENDATIONS

Youth and Violence

- To protect themselves from physical violence both at educational institutions and at home, adolescent girls should be provided training in karate and the NCC.
- The syllabus of all schools should have lessons that cover relevant laws concerning violence. Teachers, parents and relevant government machinery should be sensitized to punish the perpetrators of such violence.
- The existing adolescent counselling centres should be made to function effectively in reducing violence in the community.
- Strict disciplinary action should be taken against persons who violate the law of child marriage. The community needs to be sensitized to stop such events.
- The Government needs to introduce and implement laws for protection of young people in the unorganized sector.
- One of the existing schemes in Gujarat has a provision for meeting the marriage expenses of the girl. It was suggested that the provision provided in the Scheme be utilized to meet her educational expenses.

Adolescents in difficult situations

- The Government should provide access to special vocational training programmes to such young people free of cost or provide scholarships. There should be a link person in the community, who would identify and motivate such young people to join these courses.



- The Government should make sure that adolescents employed in the unorganized sector receive remuneration as per law as well as other relevant benefits from their employers.
- The Government should improve the quality of care of the remand juvenile homes.
- The Government and NGOs should join hands in developing and implementing innovative programmes for such young people.
- These young people should be involved in creative activities and motivated to join the formal educational.

MEDIA AND YOUNG PEOPLE

Ms Roopa Mehta, Programme Executive, Ahmedabad Doordarshan, discussed the influence of media on the people's attitude and behaviour. The major points that emerged were:

- Most of the programmes are gender-insensitive and reinforce patriarchal norms.
- Women and children are commercially exploited.
- Young people need programmes that gives them education, guidance and information pertaining to their health and development.
- People need to be aware and empowered to oppose programmes which are not good and not accept whatever is served to them. A pressure group needs to be formed.

Group sharing brought out that the media plays an important role in influencing the behaviour of today's generation, through commercials and programmes.

RECOMMENDATIONS

- The Government should review its existing media policy in terms of whether the policy is gender-sensitive or not and if it is not, the gender component should be included in it immediately and effectively. This provision should also be applicable to all the broadcasted programmes and advertisements.

- The media should broadcast special educational programmes on prime time for young people.

CONCLUDING SESSION

The Health Commissioner, Dr Amarjit Singh, Secretary, Family Welfare, Dr D.N. Pandey, State NGOs Coordinator, Ms Gayatri Giri, Joint Commissioner, Department of Women and Child Development (DWCD), Dr Namita Priyadarshini Programme Coordinator, United Nations Population Fund (UNFPA), Ms Pallavi Chaturvedi and Director, CHETNA, Ms Indu Capoor were the special guests.

The participants were encouraged to share their action plan at the level of self, family and community. To encourage individual participation, the group was divided into four small groups. The groups were a mix of rural, urban, tribal, slum people, peer educators and representatives of NGOs.

ACTION PLANS OF THE YOUNG PEOPLE

At self level

- Reading the educational materials provided in the kit during the consultation
- Initiating the reading habit by using the nearest library facilities
- Developing self-confidence
- Eating adequate and nutritious food
- Being gender-conscious and implementing the same in one's life
- Initiating the viewing of educational programmes on television and also trying to take positive messages from other aired programmes
- Participating in creative activities in the future
- Compiling relevant laws against violence

At family level

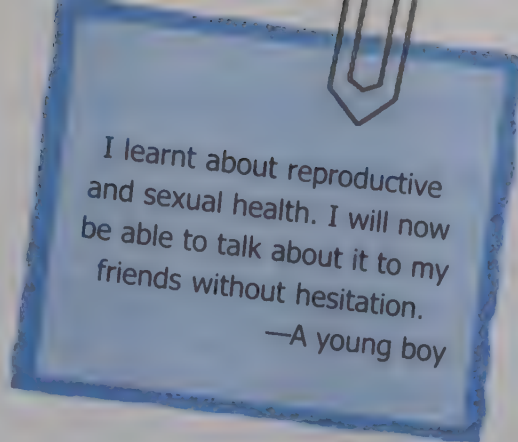
- Creating awareness among friends by sharing

the learning and reading materials of the consultation

- Sensitizing family members regarding the issues of young people, including the issues of health and gender discrimination
- Motivating fathers to give up tobacco addiction
- Practising and teaching yoga and meditation to family members and neighborhood children
- Sensitizing family members regarding the negative impact of the media especially television.

At community level

- Disseminating the learning from the consultation in the monthly adolescents' meeting of the organization (peer educator)
- Sharing information about the reproductive system to schoolgoing girls of the village
- Sensitizing adolescent boys and girls about nutrition
- Motivating friends and other community members to stop consuming tobacco products such as *beedi*, cigarette, *gutkha*, and *pan masala*.
- Motivating parents to enrol their daughters in schools
- Organizing sessions on reproductive health education in schools and colleges (NCC cadets)
- Disseminating health information through displaying charts in the college and NCC campus.
- Disseminating information to adolescent girls of the village regarding the reproductive system, menstruation and the cleanliness required to be maintained during menstruation
- Creating pressure among the concerned authorities to built toilets in rural schools
- Sensitizing rural women regarding their rights
- Discussing the different issues of young people with schoolgoing children
- Initiating the process of formation of pressure groups both in rural and urban areas to influence the media positively



I learnt about reproductive and sexual health. I will now be able to talk about it to my friends without hesitation.
—A young boy

- Sensitizing the Gram Panchayat (village council) in undertaking a drive regarding cleanliness of the village and participating in such a drive.

ACTION PLAN OF NGO REPRESENTATIVES

At self level

- Reading the educational materials provided in the kit during the consultation
- Sharing the learning of the consultation with other team members of the organization

At family level

- Explaining to one's own children regarding the menstruation process and RTIs and STIs

At community level

- Motivating parents to enrol their daughters in schools
- Organizing exhibitions to create awareness among society on young people's issues.
- Creating awareness among local leaders and elders of the villages regarding different issues of young people
- Educating young girls on the issue of violence
- Sensitizing young girls on the negative impact of the media
- Disseminating information on child rights at different social functions
- Making efforts to stop child marriage in the society
- Making efforts to stop child labour, specifically ragpickers, and simultaneously motivating them for education.



LESSONS LEARNT

- It was observed that the ability of the young people to speak confidently and participate in the consultation was enhanced. This was obvious from the fact that they eagerly wanted to come to the stage to express their views.
- Most young participants took active interest in the discussion by asking questions and expressing their individual points of view. Even the youngest group member who was around 10 years of age, stood up to ask a question.
- Physically and mentally challenged young people could have been included.
- Self-discipline and involvement of young people can be ensured by entrusting responsibilities to them and providing them with proper guidance, support and trust. This strategy can be applied at all levels.
- Effective team work helped to accomplish large tasks smoothly, as experienced by the CHETNA team members in this consultation.
- For active involvement and participation of the core team members of this consultation, they need to be involved at the level of conceptual planning.
- Funds required to conduct such consultations need to be planned much in advance.

I was ignorant of the process of conception and childbirth, which I came to know of in this consultation.

—An adolescent girl



Andhra Pradesh

PLAN, ANDHRA PRADESH

The Andhra Pradesh State-level Consultation was a two-day event organized by Plan, Andhra Pradesh in May 2004.

WORKSHOP ON ADOLESCENTS/ YOUTH—LIVELIHOOD

The workshop focused on unemployment, employment opportunities, impact of various Government schemes in rural and urban areas, and migration. The participants explained the problems faced by the youth in getting employment in Andhra Pradesh. The huge population was identified by many participants as the main reason for the steep rise in unemployment. Other factors were computerization and mechanization, closure of industries—small-scale and cottage industries in particular—waning of agriculture, lack of an education system that caters to the demands of the current job market, dishonesty in implementing the schemes and programmes intended to help the youth, and dwindling of traditional professions. Almost all the participants said that the Government policies benefited the urban areas at the cost of their rural counterparts.

Action points

- Increase employment opportunities by checking population growth.
- Strengthen the education system by introducing more vocational and job-oriented courses.
- Improve the functioning of Government schools so that students are better equipped to compete for quality jobs.

- Encourage investment in the agricultural sector to mitigate the problem of unemployment in rural areas.
- Tackle the problem of technology versus manual labour.
- Address the effect of the use of power boats on fishermen/women in coastal areas.
- Promote the growth of small-scale industries.
- Raise the standard of Indian industries to global standards to reduce losses and prevent closures.
- Ensure that the benefits of various Government schemes and programmes reach the target population.
- Make the conditions (laid down by banks) for self-employment more user-friendly for entrepreneurs.
- Improve the basic infrastructure and make it conducive to greater marketing opportunities and investments in rural areas.
- Introduce and implement more programmes for employment generation in rural areas.

The participants agreed that the youth should play a proactive role by taking up jobs where no investment is required. They should concentrate on low-investment opportunities such as mechanical repairs, tailoring, embroidery, forest products, family vocations, cottage industry, etc. Efforts to arrest population growth and spread information among the rural youth about various employment opportunities should be more vigorous and focused. The youth should also concentrate on new avenues in the job market and develop the skills to avail of these opportunities.



WORKSHOP ON ADOLESCENTS/ YOUTH—HEALTH

The workshop appealed to people to break their silence on menstrual periods and talk to young girls about the reproductive system. Parents should counsel their children on sex to arrest the spread of HIV/AIDS. The youth is the most vulnerable group as it is always eager to know about suppressed information. Information on positive health and nutritious food should be made available to the youth.

Action points

- Health workers should be appointed to educate and enlighten people on health issues.
- Parents should explain to their adolescent children about periods and the reproductive system; girls should not hesitate to discuss these problems with their friends and elders.
- Study of the reproductive system should be made a part of the curriculum.
- Many people in the rural areas are languishing below the poverty line; an awareness campaign on healthy food should be taken up in these areas.
- Government hostels should be extended up to standard twelve.
- More awareness programmes on HIV/AIDS, pollution, contamination of water and tuberculosis should be taken up; monthly check-up camps should be organized.
- Free medical treatment for the victims of HIV/AIDS should be provided by the Government; hospitals for this purpose should be established at *mandal* centres.
- Parents should counsel their children from an early age on sexual health.

WORKSHOP ON ADOLESCENTS/ YOUTH—CULTURE AND THE MEDIA

The session began with the participants unanimously condemning the growing number of indecent, obscene films and advertisements.

Action points

- The use of sexual images in advertisements should be banned.
- The youth should decide the kind of films they want on television.
- More TV channels that focus on knowledge should be launched.
- Channels that affect Indian culture and tradition should be banned.
- TV channels should stop screening horror films and serials.
- Movies and serials that degrade and make fun of teachers, parents and elders should be censored.
- The media should highlight Indian culture and traditions, education, environment and health.
- Parents should counsel their children on the channels to be watched.
- The media should stop showing cigarettes, *gutka* and liquor in any form, including in surrogate advertisements.
- Cine stars, whom the youth blindly follow, should refrain from smoking and consuming liquor in their 'reel' lives.
- Newspapers, TV channels, the internet and radio should give special coverage to the youth and encourage their activities.

PLENARY DISCUSSIONS

Panelists: Potturi Venkateswara Rao, former Chairman, Andhra Pradesh Press Academy; Veriety Corbett, Plan International, India

Two representatives each from the three workshops participated in the plenary discussions. Based on the recommendations and suggestions from the workshops, the Hyderabad Declaration was formulated and released. It stressed on the need for direct involvement, participation and a constructive role for the youth in formulating the Youth Policy. Dr Potturi Venkateswara Rao urged the youth to look for new avenues in the changing circumstances instead of lamenting on the dwindling resources

and disappearance of traditional occupations. Appreciating the clarity and conviction of the participants in understanding the problems faced by them, he advised them to take on the challenges instead of running away from them.

Ms Corbett made the young people take a pledge to further the cause of the youth. A promise was made by the youth to themselves, 'We are for change, we are ready for it.'

RECOMMENDATIONS

Youth—employment opportunities

- Vocational courses should be started from the high-school level.
- Young people should participate in Government schemes and programmes at all levels.
- Schemes and programmes meant for the youth should be implemented in letter and spirit. Action should be taken against officials abusing them.
- Cottage industries and traditional professions should be protected and promoted in rural areas.
- The youth should be trained and helped to take up agriculture-related employment opportunities.
- Interest rates on loans for self-employment should be lowered and incentives offered to encourage more youngsters to focus on self-employment.
- Information pertaining to employment opportunities should be made available to young people right from the village level.

- Facilities should be created for setting up industries in rural areas.
- Mechanization should be controlled in employment-generating programmes. Special policies should be formulated for employment and all-round development of the youth.
- A proper market and marketing facilities should be provided for the products manufactured.
- Natural resources should be protected and employment opportunities related to them should be promoted.
- The information technology-related service industry should be extended to districts to be within the reach of the rural youth. Skills training in this field should be given to the youth in villages.
- A policy should be made to involve the youth in all fields.

Youth—culture and media

- Obscene films, advertisements and books that tarnish the image of Indian culture and traditions should be banned.
- The Government should inculcate patriotism and brotherhood among the youth with specially made programmes in the mass media.
- Programmes that emphasize education and self-reliance should be publicized by the Government through the media.
- Incentives should be offered to newspapers and TV channels that strive for constructive development of the youth.



Karnataka

PLAN/MYRADA

Plan in association with MYRADA conducted the Karnataka State-level Youth Consultation programme.

Over three days, over 250 youth participated, representing 17 districts in Karnataka. Over twenty voluntary organizations across India and the staff of Plan/MYRADA also participated. Some parents also participated in the Consultation programme.

Eight issues, which are significant in the lives of the youth, were selected. They had identify the causes and uphold the changes through the support they received from the Consultation Programme.

The main objective of the Consultation was to identify the important problems, needs of the youth, focus on their rights and act to give them a good, safe and healthy future. It also aimed to provoke the youth to take their place in society without fear and demand their rights. Various important issues were discussed by specialists, followed by interactive sessions conducted for young representatives to present and share their views. Recommendations were obtained from these interactive sessions.

EDUCATION

Education gives young people the chance to test ideas and behaviours, and experiment with different roles. Young people, just like adults, learn best through active participation and this learning occurs in all types of settings and situations.

Certain factors need to be taken into consideration in providing quality education.

- Importance must be given to rural education.
- There should be sufficient teaching staff of good quality.
- Single-medium implementation should be done.
- A good and healthy environment should be provided.
- Parents should be made aware of the importance of educating girls.
- Partiality should be avoided.
- Release of funds should be timely.
- A general syllabus should be followed.

Issues

Education of children in rural areas

In India, illiteracy is largely due to the fact that proper measures have not been taken to educate people in rural areas. To educate children in rural areas, construction of *Anganwadi* centres is needed. These centres are not available in most of the villages in India. There is also a lack of basic necessities such as non-availability of funds and quality teachers. There is no proper inspection by the concerned authorities and the influence of politics in these matters is a big obstacle.

Higher primary education

The problem faced in higher primary education, apart from lack of basic necessities and quality teachers, are negligence of the mother-tongue in most educational institutions. This negligence

leads to an identity crises in most cases. The inequality of education in some institutions is also a very big problem. The rules by the Government for education are not implemented properly due to the negligence of the concerned officers. Parents are not aware of the structure of education of their children. There is discrimination between rural and urban youths and their education. Talent is not encouraged. The syllabus in many schools is not contemporary.

Higher-level education

One of the major problems faced in higher education is the higher fee structure in some educational institutions. Privatization of education has made many students abandon education because of the expenses.

Recommendations

At the primary level

- Anganwadi centres should be opened in all villages.
- All persons working in these centres should be given proper training and paid a good salary.
- Basic needs should be provided at these centres.
- An administrative committee should be organized to look after the activities of the Anganwadi centres.
- Stringent action should be taken against politicians and administrators who misuse their power.

At high school level

- Basic amenities should be provided to schools and teachers appointed.
- Students should compulsorily pursue their education through their mother-tongue from the 1st to the 5th standards.
- The education process should not have any discrimination.
- All the rules and regulations put forth by the Government should be enforced.

- More attention should be paid to SDMC and training given in this regard.
- Parents and children should be given more information about the education structure.
- There should be no discrimination between rural and urban youth and their education.
- Government schools/colleges should be modernized.
- Administrators should pay unexpected visits to know the status of the schools/colleges.
- The gross discrepancy between the State and Central syllabi should be eliminated and a uniform education system followed.

At higher education level

- The entrance examination fee has to be reduced.
- Degree courses should be given more prominence than the IT field.
- Privatization of higher education should be eradicated.
- An Education Minister has to be nominated in the Central Cabinet.

LIVELIHOOD

The stress of providing quality education is a stress on better livelihood.


Issues

- Lack of information centres about government schemes
- High level of interest in government loans
- No proper promotion of self-employment schemes
- The profit margin earned is low due to the influence of commission agents
- Lack of information about demand and marketing strategy
- Corruption in Government agencies

Recommendations

- Information centres about government schemes should be established at various levels.



- 
- Loans for self-employment schemes should be provided at a lower interest rate and the responsibility for recovering the loans given to local service centres.
 - Promote the opportunities available for the youth under self-employment schemes.
 - Strictly implement people's development programmes.
 - Provide self-employment schemes for the youth.
 - Ban commission agents in marketing.
 - Provide appropriate information to the youth about raw materials, marketing strategy, demands of the market and the possibilities and impossibilities that exist at the local level.
 - Give more power to the Lok Ayukta and strengthen their power at the *taluk* and district levels.

GENDER DISCRIMINATION

Issues

- Representation of women is low in politics.
- Dowry problems continue to exist.
- There are problems of gender inequality in Government schemes.
- Awareness of women's rights is poor.

Recommendations

- There should be 33% reservation for women in politics and gender equality in all fields.
- Stringent punishment should be given to the husband, mother-in-law for harassment, dowry and female foeticide.
- No gender discrimination should exist in Government schemes for the youth.
- The youth should be made aware of their rights.
- Include the mother's name with the father's name in all Government and private documents.
- The syllabus should be changed.

PHYSICAL AND MENTAL HEALTH

Professor K. Kiran Kumar emphasized that

'Absence of disease is not health'. A healthy person is one who has the ability to identify his abilities and grows and develops self-actualization and self-regulation. Today, many youth suffer from physical as well as mental problems.

Depression is a major problem among the youth. Poverty also leads to depression both in urban and rural areas. Depression is linked to problems related to work, stressful life events, early marriage, pregnancies, smoking and substance abuse. The youth are also at risk for anxiety, eating and conduct disorders, academic failure and problems in interpersonal relationships.

Issues

- Lack of knowledge about life and morality
- Lack of counsellors for information
- Unemployment
- High interest rates on loans and no stipend for on-the-job training
- Political influence on employment
- Lack of self-confidence
- Lack of guidance programmes
- Mental and physical harassment of women
- Lack of nutritious food to children

Recommendations

- Moral education should be included in the curriculum.
- Appoint counsellors at the *taluk* level.
- Fill vacant posts and create new jobs for the youth.
- Self-employment schemes should be imposed at lower interest rates and stipend provided for on-the-job training.
- Politics should have no influence on employment.
- Personality development training should be provided to the youth.
- Give more importance to self-service institutions and open youth guidance centres.
- Avoid mental harassment of women.
- Provide nourishing food.

SUBSTANCE ABUSE: THE ROAD TO HELL

Alcohol and substance abuse is widely prevalent and the consequent social dysfunction is a problem.

Effects of drugs: social spheres

- Employment—poor achievement, absence
- Family—lowering of family status, marital discord
- Education—low academic performance
- Accidents
- Criminality

Issues

- Easy availability of chemical drugs at chemists' shops
- Availability of drugs in public places
- Tobacco farming
- Manufacture and sale of fake liquor
- Availability of drugs without prescription
- Lack of awareness and rehabilitation centres

Recommendations

- Policies should be made by the Government to avoid easy availability to the youth of drugs at chemists' shops.
- Ban the sale of drugs in public places.
- There should be severe prohibition on the manufacture and sale of fake drugs.
- Encourage tobacco farmers to switch over to other commercial crops.
- Ban the sale of drugs without the prescription of a medical practitioner and punish the guilty by cancelling their license.
- Spread public awareness through youth guidance programmes and establish rehabilitation centres at the district level.

HIV/RCH/SEX

HIV/AIDS poses the biggest threat to the safe and healthy future of our present and future generations. This dreaded disease is spreading rapidly among children and adolescents. Figures

by UNAIDS confirm that more than half of all new infections in the world are in people below 25 years of age. The strategy to fight AIDS is based on the belief that lack of awareness about sex and the ways of preventing HIV are the main causes for the spread of the scourge.

The new HIV programme needs to be more sensitive to cultural norms and practices, more thoughtful and emotional towards the psyche and feelings of the youth and, last but not the least, family-oriented and based on a 'common sense' approach.

Issues

- Lack of awareness in rural and urban areas
- Lack of sex education
- Lack of knowledge about AIDS at government institutions in rural and urban areas
- Lack of rules at government hospitals
- Prostitution
- Lack of free condoms
- Lack of emotional support to AIDS patients
- Lack of awareness among homosexuals

Recommendations

- Organize awareness camps in rural and urban areas through street plays, advertisements, documentary films, private channels, tele-serials, and in schools/colleges.
- Introduce sex education at high school and college level and conduct debates and essay competitions.
- Provide compulsory training to the local service institutions of rural and urban sectors.
- Health centres should strictly follow the instructions given below.
 - Use safe and sterilized syringes.
 - Give appropriate treatment to HIV-infected mothers.
 - Ensure that blood transfusion is safe.
- Eradicate prostitution and provide sex workers a livelihood through other sources.
- Distribute condoms through Youth Service Institutions.



- Care for HIV-infected patients by encouraging and building self-confidence in the patients, opening rehabilitation centres, providing support of NGOs, and ensuring that foreign funds are properly used through NGOs.
- Homosexuals must be made aware of HIV.

YOUTH IN VIOLENCE

The Consultation had several events designed to identify the many risk factors associated with crime, and the effects that choosing a path of crime and violence could have on a young person's life. A very important lesson that was learned from the Conference is that the definition of 'youth in violence' is not necessarily what it implies.

Issues

- Screening of movies showing violence and telecasting crime serials
- No education on non-violence
- Communal riots in rural/urban areas
- Unemployment
- Political influence on government jobs
- Reservations for the backward classes
- Corruption
- No support to National Youth Service Centres
- Easy channels for the youth towards drugs
- No consultation programmes
- Influence of terrorism
- Lack of awareness of terrorism
- Political influences in college
- Alcoholism
- Gambling

Recommendations

- The youth forum should stage a protest seeking an end to the telecasting of criminal activities in private channels and NGOs must work in this direction to avoid escalation of violence.
- A requisition should be made to the Government to include lessons based on non-violence in schools/colleges.

- To avoid violence in the name of religion and caste, service centres should be accessible at urban/rural levels.
- A requisition should be made to the Government to provide more self-employment opportunities.
- There should be no political interference in government/private appointments.
- Caste reservation should be abolished to provide equal opportunities to all youth.
- All the acts, rules and regulations to eradicate corruption should be enforced.
- A requisition should be made to the Government to provide more economic support to the National Youth Service Centres.
- Focus on the Government to keep the youth away from terrorism.
- A State-level Youth Consultation Programme should be organized by the Government at least once a year.
- There should be no interference or influence of terrorists in the environment of the youth.
- Awareness camps should be held for the youth against victimization, which could be organized by NGOs in conjunction with the Government.
- There should be no political activity in college-level education.
- The Government should be asked to lay a stringent ban on the license to open new bars.
- Prohibit lottery sale and provide new employment opportunities.
- Penalize those who provoke the youth to get involved in violent activities.

YOUTH IN DIFFICULT CIRCUMSTANCES

Adolescence is a time of change, when a child's mind becomes capable of abstract thinking. As concepts mature, young people begin to see themselves as individuals and are confronted with the need to define their relationship with the future. Adolescence implies six primary tasks:

- Learning to think abstractly
- Learning to distinguish between the real and the ideal
- Deciding how one relates to the past and future
- Developing independence
- Defining individuality
- Determining how, as an individual, to fit into and function in the world beyond the family and community.

Indian youth must also struggle with their cultural roles and identities. Negative coping patterns often develop, such as reliance on drugs and alcohol. Youth in the streets, youth subjected to child labour, and physically impaired youth were the highlights of the Consultation.

The Consultation programme suggested strategies to make the adolescent's transitions smoother, including:

- Strengthening a sense of being a valued member of the family
- Raising self-esteem
- Helping the youth to strengthen relationships with significant adults.

Issues

- Lack of basic necessities and rehabilitation centres for street children
- Lack of education for street children
- Lack of financial assistance to self-help groups
- Lack of medical specialists at district level for the mentally disabled
- Lack of education and employment opportunities for the disabled
- Lack of information centres for the disabled in rural areas
- Lack of ramps at schools/colleges for the disabled
- Lack of reservation for the disabled

Recommendations for child labourers

- Establish rehabilitation centres at the *taluk* level to provide basic amenities to children up to a certain stage.
- Provide compulsory and free education from the 1st to the 10th standard and training for self-employment.
- Street children should be provided with food, shelter, education and job training.
- Provide more financial assistance to self-help groups to carry out their noble cause.
- Mentally retarded children should be provided with insurance policies.
- Medical specialists and surgeons must be appointed at all district-level hospitals.

Recommendations to eradicate child trafficking

- Severe penalty should be given to those involved in child trafficking.
- Spread awareness of the punishments given to those involved in child trafficking.
- Give a new life to children who were victims of child trafficking by rehabilitating them.

Recommendations for physically disabled youth

- Compulsory and free education should be provided to disabled children.
- Suitable job training should be provided.
- Information centres for the disabled should be established in rural areas.
- Ramps should be constructed at schools/colleges for disabled youth.
- There should be separate reservation for the representation of the disabled in decision-making by the Government.



Orissa

CYSD-PLAN

A two-day workshop on adolescence, attended by more than 100 adolescent girls and boys from 10 districts of Orissa, was facilitated by CYSD-Plan. The Consultation was inaugurated by Dr Narendranath Mishra, Vice-Chancellor, University of Culture, Bhubaneswar. Mr Srinivas Rao, representing Plan India, talked about how and why his organization has been dealing with the issue in many States.

The results of the District-level Consultations on four themes were presented by the adolescent representatives: (i) adolescence and social sensibility, (ii) adolescence and health, (iii) adolescence and life-skills, and (iv) adolescence and the communication media.

ADOLESCENCE AND SOCIAL SENSIBILITY AND HEALTH

The presentations discussed social taboos, superstitions and family attitudes towards adolescents. Masturbation and its various interpretations were discussed. The scientific approach is to regard it as a natural and harmless act. Self-restraint, engagement in creative and learning-oriented activities were mentioned as ways to handle the issue.

The social stigma attached to premarital sex and pregnancy was pointed out. Adolescents from the districts of Sundergarh, Gajapati, Nayagarh, Balasore and Rayagada felt that these practices were fairly frequent (15%–20%). It was generally felt that more information is needed to have a

concrete idea of the prevalence of premarital sex and pregnancy. It was discussed that each adolescent should make others in his/her locality aware of the risks of premarital sex and unwanted pregnancies, use of contraceptives and, above all, the importance of self-restraint in friendships to minimize the occurrence of these problems. The role of the print and electronic media was mentioned. The need for health awareness camps, health advice counters in hospitals, villages and schools was highlighted.

ADOLESCENCE AND LIFE-SKILLS

The presentation focused on how to manage emotions and take decisions. There is a great risk of becoming wayward, which causes damage to one's career, health and social relationships. Such difficulties could be overcome by good reading, developing hobbies, doing social work and practising yoga. The risk of abuse was particularly important for adolescents who leave home to go to work. Educational institutions and seniors should provide appropriate guidance to adolescents.

ADOLESCENCE AND THE MEDIA

This presentation analysed both the negative and the positive impact of the media on adolescents. Both the print and the electronic media greatly influence their sentiments, their ways of experiencing relationships, thinking processes, etc. It was proposed that special columns and programmes for adolescent children be intro-

duced and steps taken to promote awareness activities in remote rural and tribal pockets.

Dr Suzie Francis from the Population Foundation of India, Dr Saraswati Swain, a former professor of community medicine and a leading health activist, Professor U.N. Das, a prominent psychologist, Dr Chitta Samanta, a communications specialist, Dr Bhagwan Prakash, an expert on youth human resources and Dr Bharati Mohapatra, an educationist, took active part in the discussions.

OTHER ISSUES

Few adolescent-specific programmes have been developed in India. The problem is compounded by the division of programmes into different ministries and departments, with little vertical or horizontal coordination. The result is a diffusion of efforts and achievements in relation to adolescents (UNFPA 2000).

Although all departments and ministries are in some manner implementing programmes that affect adolescents, only three departments—the Department of Youth and Sports Affairs, the Department of Women and Child Development, and the Department of Family Welfare—are actively involved in integrating adolescents into their programmes. Of these, an explicit mention of adolescents as a target group has been made only under the Integrated Child

Development Scheme (ICDS) of the Women and Child Development Department, and the Reproductive and Child Health Programme of the Department of Family Welfare.

Under the ICDS, only two programmes—Balika Samrudhi Yojana and Kishori Shakti Yojana—are being implemented in Orissa as part of the Adolescent Girls Scheme. Balika Samrudhi Yojana provides a one-time financial assistance of Rs 500 to a mother belonging to a BPL family for giving birth to a girl child. Kishori Shakti Yojana addresses issues such as health, nutrition, education and improvement in the social status of adolescent girls.

SUMMING UP

On the eve of the presentation of the declaration, Dr Nalini Abraham, Country Health Adviser, Plan India said that the Consultation was a great event in which the youth had played a paramount role. She thanked them and expressed the hope that they would work on the declaration and come together again next year.

Smt Pramila Mallick, Honourable Minister, Women and Child Development, Government of Orissa opined that a unique attempt had been made by the youth. She suggested making it stronger in remote rural and tribal areas as well. She assured that the adolescents' declaration would come to fruition at the policy front.

Declaration on adolescence

- Health consultation centres need to be introduced in urban slums and villages.
- Sex education and education on adolescence should be ensured in schools and colleges according to the age and grade of the child.
- Parents and teachers need to be sensitized on adolescent health issues on a priority basis.
- A weekly consultation on adolescents' needs should be facilitated in health centres.
- District-level temporary shelters need to be established for pregnant women.
- Yoga and spiritual education need to be integrated into the curriculum. Vocational education needs to be provided at all levels.
- Adolescents in rural/urban areas should be trained and a youth alliance promoted.
- Sex-selective abortion of female foetuses should be prohibited on a priority basis.
- Adolescents need to be imparted computer education and given diverse learning exposures.
- Steps need to be taken to stop the trafficking of girls in the name of employment.

West Bengal

CHILD IN NEED INSTITUTE (CINI)

The National Youth Policy, 2003 reiterates the commitment of the entire nation to the composite and all-round development of the young sons and daughters of India and seeks to establish an All-India perspective to fulfil their legitimate aspirations so that they are all strong of heart and strong of body and mind in successfully accomplishing the challenging tasks of national reconstruction and social changes that lie ahead.

—Preamble, National Youth Policy, 2003

Child in Need Institute (CINI) is a leading non-governmental organization (NGO) in India. It is recognized as a Regional Resource Centre under the Reproductive and Child Health (RCH) Programme of the Ministry of Health and Family Welfare for the States of West Bengal, Jharkhand and Orissa. It has been working to achieve sustainable development among poor communities living in the city of Kolkata, South 24 Parganas and 18 other districts of West Bengal. Through its field programmes, and training and research, the focus has always been on the health of women and children, child nutrition and development, adolescent issues and bringing street children into the mainstream through education.

CINI's Adolescent Resource Centre undertook this initiative of bringing together organizations and institutions working with young people on various issues. Representation of young people from various corners of the State was an integral aspect of the Consultation.

WHY YOUNG PEOPLE?

Adolescent sexual and reproductive health has been recognized as a major focus area in Government of India's RCH-II Programme Implementation Plan. Inclusion of interventions by young people through the National Population, Health, Nutrition and AIDS Policies has been undertaken. Also, formulation of a National Youth Policy towards holistic development of the youth in the country is an initiative that aims to address multiple needs of the youth through a common Policy framework. Despite Policy recognition, experience in India regarding effective interventions for young people is limited.

STATE-LEVEL CONSULTATION

In consonance with the above, a one-day Consultation was held in West Bengal in September 2004 with the following objectives:

- To provide young people with a forum to put forth their issues of concern to caregivers
- To develop a common understanding among caregivers on the issues of young people
- To reach a common point of perception between the two groups
- To plan the future course of action for addressing young people's issues.

Participants

- Young people: Eighty young people from all the districts of West Bengal participated. The State-level Consultation encouraged youths

from all walks of life to share their views.

- Stakeholders: 30 NGOs, Government representatives (ICDS, Health and Family Welfare, Panchayat and Rural Development, Education Department, etc.), private organizations, West Bengal Police, the media, etc.

Proceedings

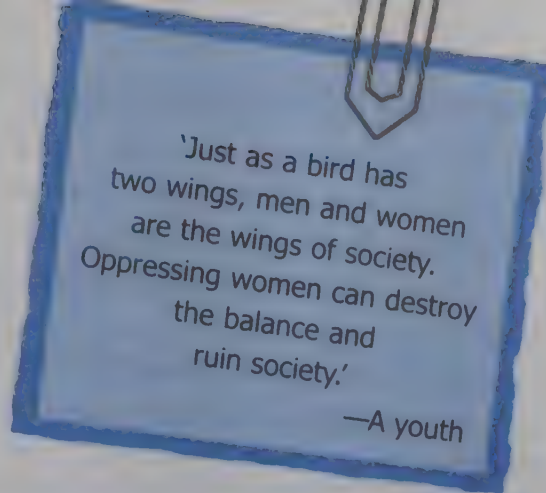
The first half of the meeting aimed at building on the innate potential of the young people by setting up teams with the help of professionally qualified facilitators. The youth were asked to channelize their opinions through five media—music, theatre, poetry, drama and painting, and collage-making. The creative media helped them to discover their intrinsic needs, values and interest. They were able to discern their concerns effectively through these avenues.

In the second half, the youth made presentations on their issues of concern through their respective media.

The Charter

The young people drafted a charter based on their needs. This needs to be addressed and considered by the relevant departments for necessary action.

- Environmental pollution should be reduced and nature preserved.
- A peaceful world free from terrorism, wars, and destruction should be created.
- Society should respond to eve-teasing, physical harassment of women both at home and in public places.
- Domestic violence and issues of dowry, physical torture, sexual abuse and rape should be addressed.
- Gender discrimination should be prevented.
- Scope for livelihood after education should be improved.
- Co-curricular activities and sports should be balanced with education.
- The psychological stress of young people should be addressed.



'Just as a bird has two wings, men and women are the wings of society. Oppressing women can destroy the balance and ruin society.'

—A youth

- Young people's opinions on issues related to their development should be taken into consideration.
- A platform to disseminate their thoughts and expressions should be provided and caregivers should contribute towards giving form to them.
- Education should be provided to the girl child.

—◆—
'We the young people of West Bengal want the issues to be addressed. We would also want the Government and agencies to involve us in planning and implementation. We want a youth platform in the State to share and disseminate our thoughts and expressions, where all young people from all walks of life, irrespective of their status, can participate fully.'
—◆—

- Substance abuse, as a means to escape from practical difficulties, should be discouraged.
- Constructive use of time by the youth should be ensured.
- Early teenage/adolescent pregnancy should be prevented.
- Indulgence in antisocial activity owing to societal pressures should be checked.
- The youth should be allowed to search for their own space.
- Channellizing one's wishes, which might not be accepted by elders due to stringent societal norms, into negative expression of thoughts, aggression, etc. should be addressed.



The entire process highlighted the need for organizing such avenues of expression for young people and also focused on the holistic needs of the youth through asset-building and a youth-adult partnership. The exercise encouraged the youth to unitedly identify their needs and rights, despite their sociocultural diversities. It brought out a number of challenges for the concerned authorities and policy-makers. The need of the hour is to strengthen the voice of the youth

'Young people should not be viewed as problems, but as solutions.'

—An adult

through a forum for young people in the eastern part of the India.



State-level Consultation

Punjab

PFI, PLAN AND VHA (PUNJAB)

A one-day workshop was organized in October 2004. More than 122 young people representing six districts of Punjab, three districts of Haryana and some from the government and private schools of Chandigarh participated.

OBJECTIVES

- To involve the youth from adjoining areas in the Alliance and provide a platform for them to interact with adolescents from all walks of life.
- To identify their concerns and share these with the appropriate authorities.
- To sensitize them on the issue of female foeticide and mobilize them to work towards bringing this practice to an end.

PROCEEDINGS

Mr Manmohan from the Voluntary Health Association of Punjab welcomed all the participants. He congratulated the Secretariat for this initiative.

Mr Rajneesh from the Secretariat broached the problems that face the youth today, and why this youth Alliance, 'Young People: Towards a Healthy Future' had been formed; what the Alliance hopes to achieve. He shared information about the SLCs that have taken place in other States. He encouraged the youth to solve as many problems as they could by themselves.

The participants were then divided into four groups to discuss the following issues:

Group 1: The role of women as seen in the community

Group 2: Education and the rights of the youth

Group 3: Out-of-school youth and their job opportunities

Group 4: Stigma and discrimination associated with HIV/AIDS, and how to prevent it

After a discussion led by either an NGO or a school principal, the groups were asked to perform a skit, song or poem on the issue assigned to them.

GROUP 1

The participants discussed the treatment meted out to girls from the time they are born to the time they get married, dowry and the ill-treatment they receive in the in-laws' home. They talked about the emotional, psychological and health problems young brides face. They also talked about sex-selective abortions and concurred that this was very shameful.

GROUP 2: AAO AWAZ UTHAE

The participants felt that the education of girls is necessary as this may discourage the practice of dowry. Girls must have the same privileges as boys and the community must be sensitized to the needs of girls and women at large. The youth felt that if good family values and principles were instilled in at least 50% of the youth, they would be able to change the attitude of the rest of the youth in the community.



GROUP 3

This group from Haryana discussed livelihood and career options, and programmes and schemes available for the youth. It was felt that easily accessible schools with committed teachers should be present in all the districts so that the youth get high-quality education even at the grassroots. The curriculum must be suited to vocational training, and information about vocational training courses must be shared with the students. It would be beneficial if the youth are used as vigilantes to see if the midday meal is fresh and nutritious, and that the money allotted for this is not siphoned off. The suggestions made can be used as advocacy tools to help make better policies.

GROUP 4

Group four performed a skit about the stigma and discrimination associated with HIV/AIDS, risky behaviour, prevention of HIV/AIDS, treatment and care and where to get tests done.

Youth from SWATCH sang songs and performed street plays. They showed how to reach out to the community and make them aware of social injustices, HIV/AIDS and how to stay protected from this dreaded disease. They talked about alcoholism and substance abuse, and how to stay away from all these habit-forming vices.

FEEDBACK FROM THE YOUTH

The youth felt that:

- Women must be empowered by educating them and increasing their awareness.
- There must not be any difference between girls and boys at home, work or school.
- Sons and daughters should have equal property rights.
- There was a lack of proper health care facilities in the villages and the health care centres were not properly equipped.
- NGOs and the State Government would accomplish more if they worked together.

According to the reports published by the Census Department, India would be the world's most populous country in 20 years' time, and young people will comprise about 50%.

- Lack of awareness and knowledge was perhaps the most common cause of the present-day apathy.
- There was no proper vocational training and a lack of job opportunities.
- Civic awareness was poor and the society's response, or lack of it, to the various social and health-related issues was almost non-existent.
- The youth also raised concern about the fall in the sex ratio, and the deep social and economic impact that HIV/AIDS was making.

STEPS FORWARD

- The youth pledged (i) to take steps to curb the dowry system; (ii) to change their behaviour and protect themselves from HIV/AIDS; (iii) to spread awareness among their classmates, and friends and peers; (iv) to put a stop to female foeticide; (v) to mobilize the community to help them confront various issues.
- The young people voiced their opinion about ownership of responsibility to support the Alliance and help with initiatives that need to be taken to help their community put a stop to corruption.
- They also agreed that advocacy would be an excellent tool to reach the community and the masses.

Dr Suzie and Mr Rajneesh shared with the audience that the Secretariat would follow up whatever recommendations and suggestions had been made, and keep updating the youth about the developments.

Jammu

YOUTH HEALTH SECRETARIAT (PFI)

This four-day Consultation was held in December 2004. On the first day, a meeting with six leaders of the National Students' Union of India (NSUI), representing four districts of Jammu, was arranged. Various problems faced by the youth of Jammu were discussed. They were encouraged to find the solutions to the problems themselves. The main points that surfaced were:

- The young people of Jammu are ignorant of the problems faced by the youth elsewhere.
- They need technical assistance and training.
- They lack awareness on reproductive health and HIV/AIDS.
- The youth do not know about the options available for earning a livelihood other than government jobs.
- Women, even postgraduates, do not take up jobs due to cultural reasons.

On day 2, a meeting with the Deputy Chief Minister, Shri Mangat Ram, was arranged. He appreciated that Youth Alliance was interested in working with the youth of Jammu and Kashmir. The youth could not attend school or have any kind of vocational training. Thus, most of the youth are on the streets and some have resorted to the use of drugs, smuggling, gambling, alcoholism, etc.

The experience at Mutti camp, on the outskirts of Jammu city, was an eye opener. The local leaders, widows and youths willingly came forward and voiced their opinions. The interaction brought the following facts to light:

The main problem that the young men face is that of militancy in the regions of Poonch, Doda and Rajouri. The men are forced to hide in Jammu city to escape being inducted into militancy.

- The parents are insecure.
- The youth are unsettled with respect to education, work, rehabilitation, etc.
- They feel that their future will be hopeful if India and Pakistan can settle their differences.
- Widows and their children are suffering as only a one-time payment of Rs one lakh is given to them and jobs are very difficult to come by.
- The schools are small with few teachers, and lack proper facilities.
- The health centres are not properly equipped and have hardly any medicines.
- Even after graduation jobs are difficult to get.

At the Navrota camp also, there was an active interaction between the leaders and the youth. The problems faced were similar in the two camps, but the youth in Navrota camp had more opportunities to study in the Military School nearby. However, unemployment seemed to be an important problem here, as in the rest of Jammu.

On day 3, an informal meeting was held with fifty students of Jammu University. It was also an opportunity to interact with girls from outside the city of Jammu. From the discussions it follows that:



- Women are somewhat shy and do not speak up, but it seems that they are treated with respect.
- Vices such as drinking and smoking are uncommon, but drugs are available from across the border and are a problem, especially among the unemployed youth in the camps.
- There is a lack of awareness on health issues, particularly HIV/AIDS.
- Vocational training is uncommon.

In the evening there was a meeting with forty young people from the interior of Jammu, who reside in hostels. They said that due to militancy in the region, they face life and death situations every day. It was hard for them to think of other problems facing the youth. Unemployment, lack of cottage industries or options for generating funds are the commonest problems in far-flung areas. Schools have few teachers and primary health centres are devoid of staff as personnel are afraid to go to the remote areas of the State.

Officials from some small, struggling NGOs such as Sambhavna were also present. Literature and training material on health was distributed to them. The problems facing women were not clear as they were reluctant to speak out. It appeared that the problems of divorce and violence exist among the rural womenfolk. People are highly suspicious; they do not want to discuss their problems. It would require many more meetings to sensitize and build a rapport with them.

Even after 15 years people are still hopeful that all their problems will be solved if there could be a proper resolution of the problem of Kashmir.

Militancy and the fear of interrogation by the CID and police are the only things that occupy the minds of the youth.

RECOMMENDATIONS

- The youth of Jammu want to be heard. Their problems need to be shared with NGOs, State and Central Governments and the youth of other States.
- Adolescents should be made aware of reproductive and sexual health issues, based on local needs.
- Master trainers on health and non-health issues should be developed throughout the State.
- Community members should be educated about the rights and responsibilities of the youth.
- Workshops on youth-related topics and issues should be organized throughout the State.
- A participatory curriculum in reproductive and sexual health should be developed.
- More banks and multinational companies should come to Jammu so that more job opportunities can be generated.
- Health centres should be better equipped, and schools adequately staffed.
- Knowledge about small cottage industries should be provided.
- Vocational and technical training should be provided to the youth.
- Counselling centres should be set up for the youth and women.
- Competitive events should be organized and forums created to bring the youth together to make use of their talent.
- A political solution should be found to the problem of Kashmir to bring about stability in the lives of the youth.

Meghalaya

IMPULSE NGO NETWORK, COMMONWEALTH YOUTH AMBASSADOR AND
MEGHALAYA AIDS CONTROL SOCIETY

The one-day Consultation was held in December 2004 with the collaboration of Impulse NGO Network, Commonwealth Youth Ambassador and the Meghalaya AIDS Control Society, as part of the follow-up activities of School AIDS Education.

The Consultation aims to create an alliance of, by and for adolescents to enable them to address health and development issues with special emphasis on reproductive and sexual health through effective programmes and policies as stated by Dr Suzie Francis, Coordinator for the National Alliance for Youth and Adolescents (Population Foundation of India).

Special emphasis should be placed on the reproductive and sexual health of young people through effective programmes and policies.

—Dr Suzie Francis

Ms Hasina Kharbhih stressed the objectives of effective policies for young people's health and development, as health-related experience, attitudes and behaviour of young people are closely linked to their social, educational, environmental and economic aspirations, and options.

Shri P.J. Bazeley, IAS, Chief Secretary, Government of Meghalaya, was the Guest of Honour.

The health-related behaviour of young people is closely linked to their social, educational, environmental and economic aspirations.

—Ms Hosina Kharbhih

He expressed his views on the responsibility of young people to put things together. He also mentioned that young people can be at the centre of preventing drug addiction—both in focus and in involvement. There are no social networks of young people and this Consultation is a step that needs to be supported.

The Chief Guest, Shri Sayeedulla Nongrum, Honorable Minister of Health, Government of Meghalaya stressed upon the vulnerabilities that occur when people are limited in their abilities and lack access to scientific information and educational opportunities to enhance their skills and support services. There should be continuity in reaching out to more youth of the State.

The young people, who represented various schools, peer educators of the School AIDS Education, volunteers of St Edmund's College as well as State Representatives of the Youth Parliamentary Forum, gave interesting inputs about young people's needs and gave suggestions to the Government.



Abbreviations

AID	Alternative for India Development	IMR	Infant mortality rate
AIDS	Acquired immune deficiency syndrome	IPD	Integrated programme development
ANC	Antenatal care	IPD	Integrated Population and Development Project
ARC	Adolescent resource centre	LABS	Livelihood Advancement Business School
ARH	Adolescent reproductive health	LGSS	Loghardaga Gram Swarajya Sansthan
ARSH	Adolescent reproductive and sexual health	MAMTA	MAMTA Health Institute for Mother and Child
AWW	Anganwadi Worker	MMR	Maternal mortality ratio
BCC	Behaviour change communication	NACO	National AIDS Control Organization
BKS	Bhartiya Kisan Sangh	NCC	National Cadet Corps
BVM	Basti Vikas Manch	NEEDS	Network for Enterprise Enhancement and Development Support
CASP	Community Aid and Sponsorship Programme	NFE	Non-formal education
CBD	Community-based distribution	NFHS	National Family Health Survey
CBOs	Community-based organizations	NFI	National Foundation of India
CED	Centre for Entrepreneurship Development	NGO	Non-governmental organization
CEDPA	Centre for Development and Population Activity	NSS	National Service Scheme
CHAYAN	CARE India's HIV/AIDS programme	NSUI	National Students' Union of India
CHETNA	Centre for Health, Education, Training and Nutrition Awareness	NYK	Nehru Yuvak Kendra
CINI	Child in Need Institute	PFI	Population Foundation of India
CMAI	Christian Medical Association of India	PHC	Primary Health Centre
CRC	Child resource centre	PHOOLEEN	Phooleen Mahila Chetna Vikas Kendra
CYSD	Centre for Youth and Social Development	PRI	Panchayati Raj Institution
DPEP	District Primary Education Programme	RACHNA	Reproductive Child Health, Nutrition and HIV/AIDS
DRDA	District Rural Development Agency	RCH	Reproductive and Child Health
DWCD	Department of Women and Child Development	RSH	Reproductive and sexual health
FP	Family planning	RTI	Reproductive tract infection
GAP	Gujarat AIDS prevention	RUHSA	Rural Unit for Health and Social Affairs
GHC	Global Health Council	SACS	State AIDS Control Society
GO	Government organization	SHG	Self-help group
GoI	Government of India	SLC	State-level Consultation
GPVS	Gram Praudyogik Vikas Sansthan	SRH&R	Sexual and reproductive health and rights
HARD	Human Action for Rural Development	STI	Sexually transmitted infection
HIHT	Himalayan Institute Hospital Trust	SWATCH	Survival For Women and Children Foundation
HIMS	Himalayan Institute of Medical Sciences	TSFIF	Tata Steel Family Initiative Foundation
HIV	Human Immunodeficiency virus	UDAY	Unleashing Development Attitude among Youth
ICDS	Integrated Child Development Scheme	UNFPA	United Nations Population Fund
ICOMP	International Council on Management of Population Programmes	WHDRC	Women's Health and Development Resource Centre
ICPD	International Conference on Population Development	YARS	Youth access to reproductive health services
ICRW	International Council for Research on Women	YHS	Youth Health Secretariat
IDF	Integrated Development Foundation	YRSH	Youth Reproductive and Sexual Health
IEC	Information, education and communication [programme]	YUVA	Youth Unity for Voluntary Action
IIHMR	Indian Institute for Health Management and Research		

युवाओं का भाईचारा और
एकता पर जोर

नयी दिल्ली, ११ अगस्त

[illegible]

कुछ ही न होना दुःख होता तथा
... के लिए सरकार के
... द्वारा वर्तमान में
... के लिए कार्यक्रमों पर

अपना विश्लेषण प्रस्तुत किया।
अहमदाबाद में आये क्लेश, नैलम
और राबर्ट ने जूरी के तथे कार्यकर्ताओं
में मौजूद कमियों को बताया और अपने
दृष्टिकोण से सरकारी नीति निर्माताओं
तथा युवा कार्यक्रम ज़िम्मेदार करने
वाली एजेंसियों को अपने विचारों से पेश
कई।

इस अवसर पर मन्त्रालय ने फिनिश आणविक ऊर्जा के कार्यक्रमों और एक साथ केन्द्रों को बढ़ावा देने के लिए एक राष्ट्रीय विकास समिति गठित की है। इस अवसर पर संसदीय समिति के अध्यक्ष ने डॉ. शंकर दत्त से अत्यंत प्रशंसक प्रतिक्रिया की विवेचना की।

नवभारत टाइम्स

रोटी और शिक्षा गांव में ही मिलने
तो शहर नहीं जाना चाहते यवा

नई दिल्ली : उच्च न्यायालय

जिस विलोपन में मैंने ब्रह्म
 जीवन के लिए मार्गों से गहरों को ओ
 कच करने वाले लाकों युवाओं का
 समझाओं को पहचान करने और उन
 सैनिकों को हाथ करने के लिए उन
 देश भर से आर बुकों में उन बल पर
 कर दिया कि मार्गों से वृत्तगत लोका
 के समुचित अवसर वृत्त फिर मार्गों
 मार्गों से शहरों को और परमाणु बंद हो
 सकता है। इन युवाओं ने कहा कि एक
 देशी युवक देश को बहा का सपना
 होता है, देश बहा के देश ना पढ़ा
 लिखा युवक अमेरिका और इतने ही
 का सपना होता है।
 देश में 13 वर्ष शिक्षण के बाद भी
 शिक्षण के बाद भी काउंटिंग और
 को अपने ही अर्थगत और
 जीवन में धार लेने और युवा
 धार को यहां अपनी बात युवाओं ने
 है, पर उनकी धारों में क्या-खराब
 कुछ कर गुजरने की लगे थी। इन
 के ब्रह्म के लिए थी। इन

The Indian **EXPRESS**

Papa kehte hain bada naam karega

International Youth Day was Wednesday, but at a time when India is at its youngest ever, to be young in the country can be hell.

SUNIL MEHRA



Investing in youth will help us meet population, millennium goals

...a lot of opportunity at the
began to get to understand the
links of a degree: both
across the age spectrum and

the Indian **EXPRESS**

Youth need grooming for leading society'

NEWS SERVICE

DELLHI. AUGUST 22

TWENTY-year-old
roj Rawat is teeming with
as on how the country's
outh can be channelised to
a major power.

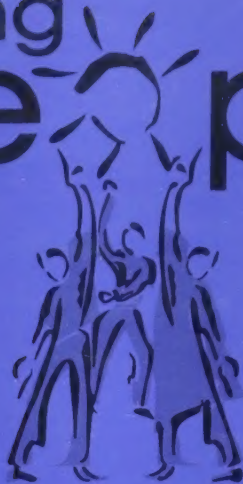
parts of the country are together: putting forward their recommendations for their development. The theme for this year's celebration is 'Youth in an inter-generational Society'.

"In the next two decades, about half of India's population will be youth. It is a ne-

the decision to grant a licence to the company, the company might be able to secure a licence for the use of the initiative of the Finance Ministry.

THE education system is not geared towards youth. It doesn't tell them about economic opportunity or knows how to retain children above 14 years in school. As for sexual education, it still means promiscuity.

Young People



Towards A Healthy Future

Contact

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